

Working together towards a better future

STANDING ORDER FORM

Your details:

Title: (Mr, Mrs, Miss, Ms, Dr) Name:
Address: Post Code:
Telephone: Email:

Your bank details:

To the manager (Bank Name)
Bank Address: Post Code:
Please debit my account _____ Sort Code _____ with the amount of £
Per month starting from / / until further notice to the benefit of WAFARELIEF.

Signature:
Date: / /

To Barclays Bank, Pay WAFARELIEF
Quoting Reference:
Account Number: 50396052 Sort Code: 20-26-20

Please choose the project you want to donate for:

- | | |
|--|--|
| <input type="checkbox"/> Orphan Care | <input type="checkbox"/> Education |
| <input type="checkbox"/> Safe Water | <input type="checkbox"/> Medical and Health Care |
| <input type="checkbox"/> Help Needy Families | <input type="checkbox"/> General Donation |

Gift Aid Declaration

- I am a UK taxpayer. Please treat all donations I make or have made to WAFARELIEF for the past 4 years as Gift Aid donations until further notice.

I understand that if I pay less Income Tax and/or Capital Gains tax than the amount of Gift Aid claimed on all my donations in that tax year, it is my responsibility to pay any difference. I understand the charity will reclaim 25p of tax on every £1 that I have given.

Please let us know if you want to cancel this declaration, change your home address or no longer pay sufficient tax.

Signature: Date: / /