

|  |  |  |
| --- | --- | --- |
|  | Reference: |       |

|  |
| --- |
| Islamic Centre Edgware Standing Order Form |

|  |
| --- |
| *Please complete and return to your bank, and give us any necessary reference number. Please write legibly in BLOCK capitals.* |

|  |
| --- |
| Section 1 Your Bank Details |

|  |  |
| --- | --- |
| Bank or Building Society |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Address: |       | Postcode: |       |
| Account Name: |       | Account No: |       | Sort Code: |       |

|  |
| --- |
| Section 2 Your Personal details |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title: |       | First Names: |       | Last Name: |       |

|  |  |
| --- | --- |
| Address: |       |
| Phone: |       | E-mail address: |       |

|  |
| --- |
| Section 3 Standing Order Mandate |

|  |
| --- |
| Please pay Islamic Centre Edgware. **Bank: Lloyds Bank, Edgware Branch, Account Number: 00946737, Sort Code: 30-98-07** |

|  |  |  |  |
| --- | --- | --- | --- |
| Amount: | £       | Amount in words: |       |
| To be paid on the  |       | of every | Week | [ ]  | Month | [ ]  | Year | [ ]  |

|  |
| --- |
| Section 4 Gift Aid |

|  |
| --- |
| I wish Islamic Centre Edgware to treat all donations I have made prior to this date and all donations I make from the date of this declaration, until I notify you otherwise as Gift Aid donations. I understand that to qualify for Gift Aid, what I pay in income tax or capital gains tax must at least equal the amount Islamic Centre Edgware will claim in the tax year. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title: |       | First Names: |       | Last Name: |       |

|  |  |
| --- | --- |
| Address: |       |
| Postcode: |       | E-mail address: |       |

|  |
| --- |
| Please note that for your donation to qualify for tax relief, the amount of income tax you pay must at least equal the amount of tax Islamic Centre Edgware will reclaim from your donation. For Example, if you give £100 for a year you need to be paying at least £25 in income tax per annum. Please inform us of any change to your name or address, and let us know if you no longer pay UK income or capital gains tax. |

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Date: |       |