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Standing Order Mandate

handsworth.foodbank.org.uk

Please pass this form onto the foodbank, using the foodbank's address at the bottom, who will save a copy for their records.

They will then send it onto your named bank or building society.

	Branch address		
	Town/City	Postcode	
	Please pay	y Handsworth Foodbank, 0 5 - 0 8 - 2 8 Account number: 3 8 8 1 6 6 3 7	
	The sum of:	(in figures) (in words)	
	On the:	D D / M M / Y Y Y Each: Week Month Year	
	Until further notice and debit my account accordingly.		
	Name of ac	count to be debited:	
	Sort code:	Account number:	
	Signature	(s) Date//	
	Title	First name Last name	
ı	Home addres	is a second of the second of t	
ı	Town/city	Postcode	
	Email address	s	
,	We would lo	ove to keep you up to date with information about Handsworth Foodbank. Please tick your preference:	
-	Email a	and Post Email Post I do not wish to receive future communications from Handsworth Foodbank	
	You can chang	ge your preferences any time by contacting us on 07599878715 or emailing us at foodbank@sheffieldchristianlifecentre.co.uk	
D 'H P	You can change Pata protect Handsworth is rotection leg	ge your preferences any time by contacting us on 07599878715 or emailing us at foodbank@sheffieldchristianlifecentre.co.uk	

Tick to boost your donation by 25p of Gift Aid for every £1 you donate.

I am a UK taxpayer and 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 want to Gift Aid my donation and any donations I make in the future or have made in the past four years.