

Standing Order Mandate



To: The ManagerBank

Address

Postcode

Please pay Freedom From Fistula Foundation the sum of £.....starting on
..... / / and monthly thereafter until further notice.

Please debit my Account Number..... Sort Code - -

Account Name.....

Signed Date

Note to Bank:
Please pay Freedom From Fistula Foundation at the
Bank of Scotland
38 St Andrew Square
Edinburgh
EH2 2YR

Sort Code 80-11-00
Account Number 06080534



Gift Aid Declaration

- for past, present & future donations



FREEDOM FROM FISTULA FOUNDATION

Please treat as Gift Aid donations all qualifying gifts of money made

Today in the past 4 years in the future

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Please tick all boxes you wish to apply.

I confirm I have paid or will pay an amount of income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities and Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 28p of tax on every £1 that I gave up to 5 April 2008 and will reclaim 25p of tax on every £1 that I give on or after 6 April 2008.

Donor's details

Title First name or initial(s) Surname

Full Home Address

Postcode

Date

Signature

Please notify the charity or CASC if you:

- Want to cancel this declaration
- Change your name or home address
- No longer pay sufficient tax on your income and / or capital gains

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self Assessment tax return or ask HM Revenue and Customs to adjust your tax code.

