

MONTHLY STANDING ORDER FORM

Thank you for choosing to support Gloucestershire Rape and Sexual Abuse Centre with a standing order. Your regular gift will really help us to continue to provide our vital service.

Yes, I would like to make a regular gift and become a support of Gloucestershire Rape and Sexual Abuse Centre
(please complete in block capitals)

Title:	First Name:	
Surname:		
Home address:		
City:	County:	Postcode:
Email Address:		
Telephone:		
Signature:		Date:
<p>I would like to make a monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly <input type="checkbox"/> gift of £ Starting on the</p>		

Gift Aid – Boost your donation by 25p of Gift Aid for every £1 you donate

Gift Aid is reclaimed by the charity from the tax you pay for the current tax year. Your address is needed to identify you as a current UK tax payer. In order to Gift Aid your donation you must tick the box below:

I want to Gift Aid my donation of £_____ and any donations I make in the future or have made in the past 4 years to GRASAC. 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. Please notify GRASAC 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.

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Signature:	Date:
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We would like to keep you informed about our work, fundraising activities, and campaigns. We will never share your details with other organisations, and you can unsubscribe or change your preferences at any time. If you would not like us to contact you, please check the relevant boxes. No thank you, please do not contact me: By post By email By telephone

Please return to: GRASAC, PO Box 16, GL4 0RU or via email to fundriasing@glosrasac.org.uk

Standing Order Mandate



To Bank

Address

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Please pay	BANK	BRANCH TITLE (NOT ADDRESS)	SORTING CODE NO.
	Unity Trust Bank	Birmingham	60-83-01
For the credit of	BENEFICIARY'S NAME		ACCOUNT NUMBER
*The sum of	AMOUNT IN FIGURES	AMOUNT IN WORDS	
	£		
Commencing	DATE AND AMOUNT OF FIRST PAYMENT		DUE DATE AND FREQUENCY
	* now	£	and thereafter every
*Until Quoting the reference	DATE AND AMOUNT OF LAST PAYMENT		*Until you receive further notice from me/us in writing. and debit my/our account accordingly.
		£	
Please cancel any previous standing order or direct debit in favour of the beneficiary named above under this reference.			
SPECIAL INSTRUCTIONS			
ACCOUNT TO BE DEBITED			ACCOUNT NUMBER

Signature(s)

Date

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- Note: The Bank will not undertake to:
- (i) make any reference to Value Added Tax or other indeterminate element.
 - (ii) advise payer's address to beneficiary.
 - (iii) advise beneficiary of inability to pay.
 - (iv) request beneficiary's banker to advise beneficiary of receipt.

* Delete if not applicable.

* If the amounts of the periodic payments vary, they should be incorporated in a schedule overleaf.

Account name – Gloucestershire Rape and Sexual Abuse Centre
Account number – 20328775

Please return this form to your bank.