



STANDING ORDER MANDATE

(Please complete your Bank details)

The Manager _____
(Bank Name) _____
(Full Address) _____

_____(Postcode)

Your Account Details:

Name & Address: please check details for errors

Sort Code: _____ Account Number: _____

Charity Account Details:

Please credit the Account of : **MedEquip4Kids**

Bank: **Barclays Bank plc, 25 High Street, OLDHAM OL1 3AZ**

Account Details:	Sort code: 20-64-12	Account Number: 10197270
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MedEquip4Kids Ref: _____

Payment Details:

Amount	_____	Frequency (e.g. monthly)	_____
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Please confirm amount in words: _____

Payment to start on (date): _____

Customer signature: _____ Date: _____

Please **complete all grey boxes**, and return this form to MedEquip4kids.
The Appeals Office, 5th Floor, 90 Deansgate, Manchester M3 2GP
Or contact your bank directly to set up a regular payment.
If Gift Aid is applicable, please complete declaration on the reverse of this form and return to MedEquip4Kids at the address above

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In order to Gift Aid your donation you must tick the box below:

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

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: **MedEquip4kids**

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax in the current tax year than the amount of Gift Aid claimed on all my donations it is my responsibility to pay any difference.

Title	Initial/ First name	Surname	House name or number	Postcode	Date

Signature _____

Please notify MedEquip4kids 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.