



Stowmarket Foodbank
Hillside community centre,
Stowmarket
Suffolk
IP14 2BD
Registered Charity No: 1074780

BANK STANDING ORDER INSTRUCTION

YOUR NAME _____ BANK NAME _____

YOUR ADDRESS _____ BANK ADDRESS _____

POSTCODE _____

YOUR BANK ACCOUNT NUMBER _____ SORT CODE _____

START DATE _____

Please deduct £ _____ from the above account on the _____ day of each month until further notice.

Pay this sum to the account of **STOWMARKET FOODBANK** at **BARCLAYS BANK STOWMARKET** Sort Code **20-82-75**, **ACCOUNT NUMBER: 33867331** Quoting ref: **FOODBANK -**

Signed _____ Date _____

[] **Please tick this box if you are a UK tax payer** and would like us to Gift Aid your donations, increasing your gift by 25% at no cost to you. If you wish to Gift Aid please sign the declaration below. That's all there is to it!

GIFT AID DECLARATION

I agree that New Life Church (Suffolk) can treat this and all donations I make from the date of this declaration as Gift Aid donations, until I notify you otherwise.

Please sign and date this declaration.

Signed _____ Date _____

Note: You must pay an amount of income tax (or capital gains tax) equal to the tax to be reclaimed on these donations. You may withdraw your declaration at any time, but only in respect of donations made after the date of cancellation. Please remember to tell us if you change your address, or if your tax situation changes. If you are not sure if you qualify for Gift Aid please contact us on 01449 774000.