

Standing Order Mandate



Please DO NOT send this form direct to your bank: we will do this for you.

When completed, please send to: **Heidi Pollard, 27 Upper Holme, Slaithwaite, Huddersfield, West Yorkshire. HD7 5XD**

If you are a UK tax payer do please also complete the Gift aid section. This will enable the Charity to claim a further 25% on your donation from HMRC. Your personal details will only be used to process these payments and any associated Gift Aid. We will not pass on any information to other parties.

Instruction to your bank to make a REGULAR STANDING ORDER PAYMENT to VASCULITIS UK

This instruction cancels any previous Standing Order instructions for payments to Vasculitis UK

Details of Payment

Regular Amount to pay: £ _____ Date of first payment: _____ (At least a month ahead, please)

Please pay this amount every: **Month** **Quarter** **Year** (please circle) until further notice in writing

Account where the payments will go TO

Coop Bank, PO Box 250 Delf House, Southway, Skelmersdale WN8 6WT

Sort Code 08-92-99

For the credit of **Vasculitis UK**, Account **65861019**

Personal Details

Title _____ Forename _____ Last Name _____

Home Address _____
_____ Postcode _____

Email address _____

Account where the payments will come FROM

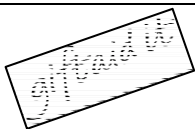
Bank Name: _____

Branch Address _____
_____ Postcode _____

Sort Code: ____ - ____ - ____ My Account Number: _____

Signature: _____ Date: _____

Gift Aid



If you are a UK tax Payer PLEASE GIFT AID your donation.

Complete this Gift Aid section and Vasculitis UK will be able to claim a further 25% on your donation from HMRC, and it costs you nothing!

If you pay tax at higher rate, you need to include all your Gift Aid donations on your Self-Assessment tax return if you want to receive the additional tax relief due to you.

Gift Aid: Vasculitis UK (registered Charity No.1180473)

I am a UK Taxpayer and I would like to claim Gift Aid Tax relief on my donation to Vasculitis UK.

I 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 will notify Vasculitis UK if I want to cancel this declaration, if I change my name or home address, or if I no longer pay sufficient tax on my income and/or capital gains to cover the amounts paid to Vasculitis UK.

Please treat all gifts of money that I make today and in the future to Vasculitis UK as Gift Aid donations.

Signature: _____ Date: _____