

## **Standing Order Mandate**

northenfield.foodbank.org.uk

Please pass this form onto the foodbank, using the foodbank's address at the bottom, who will save a copy for their records. They will then send it onto your named bank or building society.

Name	Name of your bank	
	h address	
Town/	City	Postcode
Please	pay North Enfield Foodbank,	
Sort co	de: 4 0 - 5 2 - 4 0  Account num	0 0 0 3 7 0 3 2
The sun of:	n (in figures) (in words)	
On the:		Each: Week Month Year
Town/City  Postcode  Please pay North Enfield Foodbank,  Sort code:  4 0 - 5 2 - 4 0 Account number: 0 0 0 3 7 0 3 2  The sum (in figures) (in words)  of:  On the:  Until further notice and debit my account accordingly.		
Signat	:ure(s)	Date//
Title	First name	Last name
Home address		
Home ad Town/city	у	Postcode
Email address		
Em	d love to keep you up to date with information about N  ail and Post Email Post I do not wis  thange your preferences any time by contacting us on 078265	th to receive future communications from XXXX Foodbank
Protection our work.	ield Foodbank is committed to protecting your privacy a legislation. North Enfield Foodbank collects information	nd will process your personal data in accordance with current Data n to keep in touch with you and supply you with information relating the email address above with the word unsubscribe in the subject line the foodbank on request.'
gift	taid it I want to Gift Aid my donation and	by 25p of Gift Aid for every £1 you donate.  any donations I make in the future or have made in the past four years. that if I pay less Income Tax and/or Capital Gains Tax than the

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.