WILTSHIRE BLIND ASSOCIATION

Standing Order Mandate

Donor Details: Name: ----------

Address: ----------

Post Code: ----------

Donor's Bank Details: Name: ----------

Address: ----------

Post Code: ----------

Sort Code ---------- Account No: ----------

From the aforementioned account, please pay the HSBC Plc, Devizes Branch, Sort Code 40-19-16, Account Number 61406396 for the credit of the Wiltshire Blind Association the sum of:

£ ---------- (in Words) ----------

Commencing on ----------

and a like sum: ----------

a.* Annually on the ---------- day of ---------- until altered or stopped by me;

b.* Quarterly on the ---------- day of ---------- of each third month until altered or stopped by me;

c.* Monthly on the ---------- day of each month until altered or stopped by me.

*Please delete as appropriate.

I confirm that I am a UK taxpayer and wish the Wiltshire Blind Association to claim Gift Aid on all my donations after 6th April 200.

(Please tick if applicable.) ☐

Signed: ---------- Date: ----------

Charity No: 1119462 Company No: 6060187