



STANDING ORDER MANDATE

To My Bank Manager			
Bank Name			
Bank Address			
Bank Sort Code		Bank Account Number	
Please Pay			
Payee Bank Name	The Co-operative Bank	Payee Account Name:	HOPEMALAWIUK
Payee Sort Code:	08-92-99	Payee Account Number	65672978
Payment Amount	<input type="checkbox"/> £2 <input type="checkbox"/> £5 <input type="checkbox"/> £25 <input type="checkbox"/> £100 or other amount £ _____		
Frequency	Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/>		
Date of First Payment			
Reference (Office Use Only)			
Your details			
Name (PRINT)			
Address			
		Post Code:	
Signature:			
Email:			

Tick the box to add an extra 20p to every £1 you give at no extra cost

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Gift Aid Declaration

Yes, I pay tax in the UK. Please treat all donations I make or have made to HOPEmalawiUK for the past four years and future as gift aid donations until further notice.

(You must pay income tax/capital gains tax at least equal to the amount of the tax reclaimed on your donations)

This form should be completed and returned to HOPEmalawiUK, 17 Glantwy, Ferryside, Carmarthen SA17 5TG

HOPEmalawiUK

www.hopemalawi.com

hopemalawiuk@gmail.com