

STANDING ORDER FORM

PLEASE COMPLETE, SIGN, DATE AND RETURN TO:
Dementia Support South Lincs, c/o Evergreen Care Trust,
Ryhall Road, Stamford, PE9 1YA

To: The Manager (your bank details)

.....Bank plc

..... Postcode

Please pay the sum of: £..... per month / quarter / year*
(*delete as appropriate)

Starting on 20 and until further notice to:

Nat West Bank	Account name: Dementia Support South Lincs
4 North Street	Sort code: 51-81-10
Bourne	Account no: 84054999
Lincolnshire PE10 9EB	IBAN: GB85 NWBK 5181 1084 0549 99

Your bank a/c no

Sort code

Your name:

Address

..... Postcode

Signature..... Date

Our reference (FOR OFFICE USE ONLY)

GIFT AID DECLARATION "I am a UK tax payer and would like Dementia Support South Lincs to treat this donation and all donations I make in the future as Gift Aid donations, until I notify you otherwise. I understand that I must have paid sufficient income tax or capital gains tax during the relevant tax year to cover the amount Dementia Support South Lincs reclaims on my donation."

Tick here if Dementia Support South Lincs may reclaim tax on your donations

Signed Date