



Standing Order Mandate

To the Manager

Bank Name:

Address:

Please Pay

CAF Bank Limited, 25 King's Hill Avenue, King's Hill, West Malling, Kent ME19 4JQ

Account: **Egypt Diocesan Association** Account Number: **00018311** Sort Code: 40-52-40

The Sum Of

(in words) pounds (in figures) £

On the (day), (month), (year) and thereafter every month / year until further notice and debit my account accordingly *(delete as appropriate)*

My Bank Details

Name of account to be debited:

Account Number: Bank Sort Code:

My Contact Details

Address:

..... Postcode

Email Address:.....Telephone



I confirm 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 I understand the charity will reclaim 25p of tax on every £1 that I give.

Signature Date

Send the completed and signed form to

Honorary Treasurer, Egypt Diocesan Association
43 Bardsley Close, Croydon, CR0 5PT

www.eda-egypt.org.uk