



# Standing Order Mandate

Please complete and return to Volunteer Medics, 9 West End, Witton-le-Wear, Co Durham, DL14 0BL

**Your Bank:** **Name:**  **Sort Code:**

**Address:**

**Account Name:**  **Account Number:**

**Please Pay:** **Bank:**  **Branch:**  **Sort Code**

**For the Credit of:** **Account Name:**  **Account Number:**

**The Sum of:** **Amount in figures:**  **Amount in Words:**

**Commencing:** **Date of First Payment:**  **Frequency:** (until you receive further notice)

I want Volunteer Medics to benefit by reclaiming tax\* on all donations I make hereafter until I notify you otherwise. (\*I understand that I must pay an amount of income or capital gains tax at least equal to the amount of tax that all charities or community amateur sports clubs that I donate to will reclaim on my gifts in the tax year)

*giftaid it*

**Home Address:**

**Signature:**  **Date:**