

by trussell trust

## **Standing Order Mandate**

Please pass this form onto the foodbank, using the foodbank's address at the bottom, who will save a copy for their records. They will then send it onto your named bank or building society.

|          | Name of y  | your ban               | ık      |         |            |              |           |                               |          |        |         |         |        |        |        |        |         |         |          |
|----------|--|------------------------|---------|---------|------------|--------------|-----------|-------------------------------|----------|--------|---------|---------|--------|--------|--------|--------|---------|---------|----------|
|          | Branch address   |                        |         |         |            |              |           |                               |          |        |         |         |        |        |        |        |         |         |          |
| age.     | Town/City  | Town/City              |         |         |            |              |           |                               | Postcode |        |         |         |        |        |        |        |         |         |          |
|          | Please pa  |                        | ston-s  | uper-l  | Marel<br>2 | Foodb<br>- 9 | ank,<br>9 | Account nu                    | mber:    | 6      | 5       | 8       | 5      | 8      | 2      | 3      | 9       |         |          |
|          | The sum of:  | (in figur              | es)     |         |            |              |           | (in words)                    |          |        |         |         |        |        |        |        |         |         |          |
|          | On the:  |                        | D       | / /     |            | vi /         |           |                               |          | Each   |         | Wee     | ek     | ٨      | /lonth |        | Year    |         |          |
|          | Until further notice and debit my account accordingly.   |                        |         |         |            |              |           |                               |          |        |         |         |        |        |        |        |         |         |          |
|          | Name of account to be debited:   |                        |         |         |            |              |           |                               |          |        |         |         |        |        |        |        |         |         |          |
|          | Sort code: Account number:   |                        |         |         |            |              |           |                               |          |        |         |         |        |        |        |        |         |         |          |
|          | Signature  | !(s)                   |         |         |            |              |           |                               |          | Date   |         |         |        |        |        |        |         |         |          |
|          |  |                        |         |         |            |              |           |                               |          |        |         | •••••   | /      | ′      |        | /      |         | •••••   |          |
|          | Title  |                        | First r | name    |            |              |           |                               | Las      | t name |         |         |        |        |        |        |         |         |          |
|          | Home address   |                        |         |         |            |              |           |                               |          |        |         |         |        |        |        |        |         |         |          |
|          | Town/city  |                        |         |         |            |              |           |                               | Pos      | tcode  |         |         |        |        |        |        |         |         |          |
|          | Email address  |                        |         |         |            |              |           |                               |          |        |         |         |        |        |        |        |         |         |          |
|          |  |                        |         |         |            |              |           |                               |          |        |         |         |        |        |        |        |         |         |          |
|          | We would lo  | ove to k               | (eep y  | you u   | o to d     | ate wi       | th info   | rmation abo                   | ut W     | eston  | -supe   | er-Mai  | e Fo   | odba   | nk. P  | lease  | e tick  | your p  | referenc |
|          | Email a  | and Post               |         | Email   |            | Pos          |           | I do not wi                   | sh to r  | eceive | future  | comm    | unicat | ions f | rom W  | eston  | Foodb   | ank     |          |
|          | You can chans  | ge your p              | refere  | nces ar | ny time    | by con       | tacting   | us on 0193470                 | 08906    | or ema | iling u | s at in | fo@    | wsn    | nfood  | dbar   | nk.or   | a.uk    |          |
| 'V<br>le | egislation. W  | ank is col<br>IsM Food | dbank   | collec  | ts info    | ormatio      | n to k    | vacy and will<br>eep in touch | with y   | ou an  | d sup   | ply you | ı with | info   | rmatic | n rela | ating t | o our v | vork. To |
|          | unsubscribe from our newsletter, send a message to the email address above with the word unsubscribe in the subject line. A full data p<br>statement for financial donors is available from the foodbank on request.'  |                        |         |         |            |              |           |                               |          |        |         |         |        |        |        |        |         |         |          |
|          | Tick to boost your donation by 25p of Gift Aid for every £1 you donate.  I want to Gift Aid my donation and any donations I make in the future or have made in the past four years. 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. |                        |         |         |            |              |           |                               |          |        |         |         |        |        |        |        |         |         |          |