



## Standing Order Instruction

Name (Mr/Mrs/Miss/Ms)

Address

Telephone

Email

*If you are happy to be contacted by phone or email please provide your details in the space provided above.*

To The Manager (*Bank name and address*)

Please pay The Bereavement Counselling Charity (**Sort Code: 30-93-97 Account No: 02085661**) the amount of £ \_\_\_\_\_ from the following account:

Name(s) of Account Holder(s):

Account No:

Sort code:

Starting on: (dd/mm/yyyy)

and monthly thereafter until further notice.

Signature(s)

Date

### ***Make your gift worth more at no extra cost to you!***

If you are a UK tax payer, The Bereavement Counselling Charity can claim an additional 25p for each £1 that you donate. Please tick the appropriate box below to confirm your consent and tax status.

*giftaid it*

I am a UK tax payer. Please treat all donations I make as Gift Aid donations until further notice. I understand that I must pay UK income or capital gains tax, at least equal to the amount of tax reclaimed on my donations in each tax year (currently 25p for each £1 given).

I am not a UK tax payer and my donations are not eligible for Gift Aid.

*Please notify us of any change to your name, home address or tax status.*

***Please do not send this form to your bank.***

***Please return to:***

The Bereavement Counselling Charity  
PO Box 250  
Petersfield  
Hampshire  
GU32 9EJ

**Thank you**

Registered charity no@ 1006260