STANDING ORDER MANDATE Please complete all sections of this form in BLOCK CAPITALS

To (Nam	e of Ban	k)					70.00				
	Addres	ss		_			The control of the state of the				
						2					
	Post Cod	de									
Accoun	t Holder(s)									
	ss				-						
	Post Co	de									
Sort Code					Account Number						

Signature: Date:											
Please pay the sum of £						Monthly*	Quarter	ly*	Annuall	y*	
						* Delete	as appro	pria	ite		
Commend	cing on	and thereafter until further notice									
To: HSBC Bank plc, 69 Pall Mall, LONDON SW1Y 5EY											
Sort Code						Account Number					
4 0	0	5	2 0	**							
Please quote Gift Aid Declaration Reference Number [‡] :											
	Please cancel existing monthly/quarterly/annual [‡] standing order for the above account for										

Please return this form once completed to the Gift Aid Organiser

[‡] Organiser to insert GAD Number and old standing order amount before sending to bank