

South East and Central Essex Mind Standing Order Form

Please fill in your name and details here:

Name: (<i>Mr/Mr</i>	rs/Miss/Ms)							
Address:								
				Pos	stcode:			
Telephone:								
Email:								
giftaid it	claim an ex		to South East a Inland Revenue following.					
	donations I magains tax at le	ake in the futu ast equal to th		that I mu ned by th	ust be pay e Charity	ing inco	me tax	or capital
Signature:				Da	te:			
	-52-40	nd Central Ess	ex Mind					
Please debit m	ny/our* accoun	t to the sum c	of £					
Each month/q Account numb		lelete where a	pplicable) until f	urther not		e:		
Name(s) of Ac	count Holder(s	;)						
Starting on	/	1	(Please allow	1 month f	rom today	′)		
Signature(s)					Date:		/	1
To the Manage	er (please fill ir	outh East and Central Essex Mind -40 15600 our* account to the sum of £ ter/year* (delete where applicable) until further notice Sort Code: unt Holder(s) / / (Please allow 1 month from today)						
					Postcode	e:		