

Standing Order Instruction

TO BE COMPLETED BY THE DONOR

CAF Charity Account number

Name

Address

Postcode

Please make the following payment on my behalf to (minimum £5)

Name of charity

Address

Postcode

Frequency: Monthly Quarterly Half yearly Annually

Either exact sum (gross) £

OR sum stated plus tax (net) (see note 3 below) £

Starting from / / until / / or until further notice

Reference number or message (if required)

This is an additional instruction This is an anonymous donation

This replaces an existing instruction *(tick as appropriate)*

NB

- 1 The minimum gift by standing order is £5. Gifts for lesser sums can be made by 'charity cheque'.
- 2 Payment will, where possible, be made direct to the charity's bank account under advice. The advice will include your name (or ANON) and optionally a reference number or message.
- 3 Your gift can be paid either as an exact amount or you can request that the tax element be added, giving extra value to the charity. Please complete the appropriate box above.
- 4 If you do not state a date of payment, the gift will be made as soon as there are sufficient funds in your account.
- 5 Accounts may not be used to make payments in respect of goods or services and if funded by Give As You Earn donations cannot be made to charities based overseas or to pay for membership subscriptions.

Signature Date

PLEASE FORWARD TO YOUR CHOSEN CHARITY (should you wish your donation to remain anonymous please send this form to CAF, 25 Kings Hill Avenue, Kings Hill, West Malling, Kent ME19 4TA)

TO BE COMPLETED BY THE CHARITY

Name of charity _____
Address _____

Postcode _____
Telephone number _____
Charity Commission/Inland Revenue number _____
Bank/building society _____
Branch name _____
Sort code _____
Account number _____
Reference number/details _____

I confirm that these funds, when received, will be assigned as a gift and not in return for goods, services, school fees, discharge of debts or as a payment, or part payment, under the Gift Aid scheme.

Name _____ Job title _____
Signature _____ Date _____

NB

Donors may amend or cancel this and any other subsequent payment instruction without further reference to the charity. Any queries should be directed to the donor. [Please forward the completed form to CAF, 25 Kings Hill Avenue, Kings Hill, West Malling, Kent ME19 4TA.](#)

For CAF use only

Date rec'd	Approved	Return to
CN _____	2xSI _____ Val _____ Prep _____	Proc _____ Ref no _____

Charities Aid Foundation, 25 Kings Hill Avenue, Kings Hill, West Malling, Kent ME19 4TA
T: 01732 520 055 F: 01732 520 001 W: www.allaboutgiving.org E: charityaccounts@cafonline.org

Registered Charity Number 268369