

NELSON'S JOURNEY STANDING ORDER FORM



Thank you for you deciding to support us with a regular donation. This gift has a special significance as it allows us to plan for the future and make a difference to bereaved children living in Norfolk.

Title: Full Name:

Address:

..... Post Code:

Telephone: Email:

I would like to make a regular gift of £ each month until further notice. I would like the donation to come out of my account on the ____ of the month.

To: The Manager:
(Branch Name)

Please debit my account:

Account Name

Sort Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Account Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**PLEASE PAY: BARCLAYS BANK PLC (20-99-21) 15 HALL QUAY,
GT YARMOUTH, NR30 1HL. CREDIT OF NELSON'S JOURNEY (A/C 30120375)**

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I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and want the charity named above to reclaim tax on the donation detailed below, given on the date shown. I understand that I must pay an amount of Income Tax and/or Capital Gains Tax in the tax year at least equal to the amount of tax that all the charities and CASCs I donate to, will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 25p of tax on every £1 that I have given.

Signature

Date

Please complete each section of this form, sign and return to:
Nelson's Journey, Trafalgar House, 4 Meridian Way, Norwich, NR7 0TA.

If you would prefer us not to contact you in the future, please tick this box