

STANDING ORDER FORM

Please do not send this form to the bank. It must be returned to Dentaid at the address below. We will not share any of this information with third party organisations.

STANDING ORDER MANDATE	
Name and Address of bank / building society	To: The Manager
Post code	
Account Name:	
My Sort Code:	
My account number:	

PAYMENT DETAILS											
Please pay the sum of:	£	On the	(date)	of each month							
Beginning:	M	M	Y	Y	Y	Y	and each month thereafter				
Until:	D	D	M	M	Y	Y	Y	Y	Or	Until further notice	Please delete as appropriate
TO THE CREDIT OF:											
Account Name:	DENTAID										
Bank:	HSBC										
Sort Code:	40 30 11										
Account number:	81364146										
Quoting reference:	(your surname)										

Gift Aid Declaration		
If you are a UK tax payer, you can boost your donation by 25p for every £1 you donate.		
<input type="checkbox"/> By ticking this box I confirm that <ul style="list-style-type: none"> I am a UK taxpayer. Please treat all donations I make or have made to Dentaid for the past 4 years as Gift Aid donations until I notify you otherwise. I understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year, it is my responsibility to pay any difference. 		
Please contact us if you want to cancel or amend this declaration, if you no longer pay sufficient Income Tax and/or Capital Gains Tax, or if your address changes.		
Name:	House name/num:	Post Code:



Signature:	Date:
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