

**Six Counties Kidney Patients Association - Membership
STANDING ORDER MANDATE**

To (Your Bank):

Bank Address:

.....

Please Pay: CAF Bank Ltd, Kings Hill Avenue, West Malling, Kent, ME19 4JQ
For the credit of: The Six Counties Kidney Patients Association, Charity No. 282361
Sort code: 40-52-40 Account No. 00008169

<p>The sum of: (in words) _____ Pounds (£)</p> <p align="center"><i>Minimum £5.00</i></p> <p>On the _____ (day), September, _____ (year)</p> <p>And thereafter every year until further notice and debit my account accordingly.</p>
--

Name: _____ <i>(account holder to be debited)</i>
Account Number: _____
Sort Code: _____

Signed: **Date:**.....

Your Address: _____
Your Telephone Number: _____
Email Address: _____

giftaid it I would like tax to be reclaimed on my donation under the Gift Aid scheme. I am a UK tax payer and pay an amount of income tax and/or capital gains tax at least equal to the tax that can be reclaimed on my donation.
Please tick YES NO

Send the completed Mandate to:
Bob Price, Treasurer, SCKPA, 33 Foster Road, Abingdon, Oxon OX14 1YN

We will forward this form on to your bank. Thank you.

-
- For office use only:*
1. Make a photocopy for standing orders folder
 2. Send the original form to the bank
 3. Add name of member to membership list
 4. If the donor wishes to be gift aided then ensure this info is recorded on the membership list.