

Standing Order Form
Your Details
Name:
Address:
Postcode:
Email:
Telephone:
Standing Order Instruction <i>(Please send to your bank, not to us)</i>
To: The Manager, [Your Bank Name]
Bank Address:
Postcode:
Please pay: Mosaic – Supporting Bereaved Children
Bank: CAF Bank
Sort Code: 40-52-40
Account Number: 00092641
Amount: £
Frequency: ☐ Monthly ☐ Quarterly ☐ Annually
Start Date: / /
End Date (if applicable): / /
Reference:
Signature:
Date: / /
Gift Aid Declaration <i>(Boost your donation by 25p for every £1 you give)</i>
☐ Yes, I want to Gift Aid my donation and any donations I make in the future or have made in the past 4 years to [Charity Name] .
I am a UK taxpayer and 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.
Signature: _____
Date: ____ / ____ / ____
Please return this form to:
Mosaic – Supporting Bereaved Children
Address: Somerleigh Gate, Somerleigh Rd, Dorchester, DT1 1TL
Email: info@mosaicfamilysupport.org Phone: 01305 234666