



Rabboni Mercy Trust



STANDING ORDER FORM

To: Name of Your Bank.....

Address.....

.....Post Code.....

Branch.....

Your Account Number..... Sort Code.....

Your Account Name.....

PLEASE PAY

Northern Bank Ltd, 12 Edward Road, Whitehead BT38 9QB

Account Name: **Rabboni Mercy Trust**

Sort Code: **95:04:41** Account No: **00005614**

The sum of **£.....** Monthly

Starting on**(insert date)** and until further notice.

Your Name.....

Address.....

.....Post Code.....

Signature.....Date.....

*PLEASE RETURN COMPLETED FORMS TO THE TRUST TREASURER BELOW
(NOT THE BANK)*

Shona Ewan, Rabboni Mercy Trust, 32 Fairview Avenue, Whitehead BT38 9NU



Charitable Trust Ref No: XT31890

GIFT AID FORM & DECLARATION

giftaid it

Through the Gift Aid scheme we can claim an extra 25p for every £1 you give – making your donation go further at no extra cost to you! One declaration covers all your donations.

Donation Amount _____

- I am a United Kingdom tax payer. I want Rabboni Mercy Trust to reclaim tax on this donation and all future donations I make until I notify you otherwise.**

Signature _____ Date _____

Title _____ Initials _____ Surname _____

Address _____

Postcode _____

Please note: You must be a UK tax payer and pay an amount of Income tax or Capital Gains Tax at least equal to the tax that is reclaimed by us on your donations in the appropriate tax year. If you cease to be a UK tax payer please advise us.

Please return this completed form to the address below

**Mike Ewan
Rabboni Mercy Trust
32 Fairview Avenue
Whitehead
BT38 9NU**