

STANDING ORDER/ DONATION FORM

Please complete and send back to:

QCCC,
25b Burgess Road,
South Queensferry
EH30 9JA



Contact Details:

Name: _____

Telephone number: _____ Email: _____

Home Address: _____

Post Code: _____

I Wish all donations to be given with Gift Aid: Yes/No *

If I have selected Yes in the Gift Aid question above, I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and want the charity or Community Amateur Sports Club (CASC) 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.

Please make the payments detailed below and debit from my/our* account.

Identifier Name

Name of A/C to be Debited

Account Number

Name of Payee's Bank

Address of Payee's Bank

.....

Postcode

Sort Code-.....-.....

Tick frequency of payment Monthly Quarterly Annually

Amount to be debited £ _____ Date of First Payment .../.../...

Signature of Account Holder Date .../.../...

Signature of Account Holder* Date .../.../...

* Delete where Appropriate.