

The Bhopal Medical Appeal

STANDING ORDER FORM

To my bank/ building society:

Name of bank/ building society:

Address of bank / building society:

.....

Sort Code:

Commencing from: _/ _/ _

(date should not be less than two weeks after date of signature)

And thereafter at monthly/ quarterly/ annual intervals (please select)

Please pay the sum of £ from account number _ _ _ _ _

**TO THE FOLLOWING ACCOUNT: THE BHOPAL MEDICAL APPEAL,
CAF Bank Branch (40-52-40) Account No: 00015501
CAF Bank Ltd, 25 Kings Hill Avenue, Kings Hill, West Malling, Kent ME19 4JQ**

giftaid it

Boost your donation by 25p of Gift Aid for every £1 you donate. Gift Aid is reclaimed by the charity from the tax you pay for the current tax year. Please tick the box below to Gift Aid your donations.

I am a UK tax-payer 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. I understand that other taxes such as VAT and Council Tax do not qualify.

Name

Address

.....

Postcode Email

We are registered under the data protection act and will not, under any circumstances, pass your private information to any other organisation.

Please sign and date

Signature **Date**/...../.....

NB: Please send your completed Standing Order form to the Charity Administrator, Bhopal Medical Appeal at the address below. Thank you.