

Christian Partners in Africa

Standing Order Mandate – Christian Partners in Africa General

Please debit £20 or the	alternative amount of	f £ from my account each month.	
Title: First Name: _		Surname:	
Address:			
ostcode:	Telepl	hone Number:	
mail Address:			
My account number is:		TO: Manager	
Branch Sort Code:		(Bank or Building Society Name & Address)	
Start on (date):	1 1		
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GIFT AID DECLARATION I confirm that I am a UK charity named above to understand that if I pay of Gift Aid claimed on a	CIncome or Capital Gains tax o reclaim tax on the donation of less Income Tax / or Capital	payer. I have read this statement and want the detailed above, given on the date shown. I Gains tax in the current tax year than the amount sponsibility to pay any difference. I understand the	
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GIFT AID DECLARATION I confirm that I am a UK charity named above to understand that if I pay of Gift Aid claimed on a charity will reclaim 25p Please tick if you are not well as the confidence of the confide	Income or Capital Gains tax o reclaim tax on the donation of less Income Tax / or Capital all of my donations it is my res of tax on every £1 that I have ot a UK tax payer.	payer. I have read this statement and want the detailed above, given on the date shown. I Gains tax in the current tax year than the amount sponsibility to pay any difference. I understand the e given.	
GIFT AID DECLARATION I confirm that I am a UK charity named above to understand that if I pay of Gift Aid claimed on a charity will reclaim 25p Please tick if you are not we would like to keep trather not receive such	Income or Capital Gains tax or reclaim tax on the donation of less Income Tax / or Capital all of my donations it is my res of tax on every £1 that I have ot a UK tax payer. you informed, via email, al h information please tick t	payer. I have read this statement and want the detailed above, given on the date shown. I Gains tax in the current tax year than the amount sponsibility to pay any difference. I understand the e given.	