

Standing Order Mandate

tavistock.foodbank.org.uk

Please pass this form onto the foodbank, using the foodbank's address at the bottom, who will save a copy for their records.

They will then send it onto your named bank or building society.

Name of y	your bank	
Branch ad	ldress	
Town/City Please pa Sort code: The sum of: On the: Until furthe	,	Postcode
Please pa	y XXXXXXXX Foodbank,	
Sort code:	x x - x x - x x	Account number: X X X X X X X X X
The sum of:	(in figures)	(in words)
On the:	D D / M M / Y	Y Y Each: Week Month Year
Until furth	er notice and debit my account accordingly.	•
Name of a	ccount to be debited:	
Sort code:	· · · ·	Account number:
Signature	(s)	Date//
Title	First name	Last name
Home addres Town/city	is	
Town/city		Postcode
Email addres	is	
Email a	and Post Email Post	ion about Tavistock Foodbank. Please tick your preference: I do not wish to receive future communications from Tavistock Foodbank s on 07941 436149 or emailing us at info@tavistock.foodbank.org.uk
Data protec 'Tavistock Foo legislation. To unsubscribe fo	ition odbank is committed to protecting your paristock Foodbank collects information to	privacy and will process your personal data in accordance with current Data Protec be keep in touch with you and supply you with information relating to our work. To the email address above with the word unsubscribe in the subject line. A full data p
gifta	I want to Gift Aid my do	onation by 25p of Gift Aid for every £1 you donate. onation and any donations I make in the future or have made in the past four years. I understand that if I pay less Income Tax and/or Capital Gains Tax than the med on all my donations in that tax year it is my responsiblity to pay any difference.

POSTAL ADDRESS: Tavistock Foodbank, Tavistock United Reformed Church, Russell Street, TAVISTOCK, PL19 8BD.