

STANDING ORDER FORM

Send a regular gift and help us help those experiencing feelings of distress or despair including those which may lead to suicide

Your Name and Address

Title:	First Name:	Surname:
Address:		
Postcode:	Telephone:	Email:

I wish to pay Lewisham, Greenwich & Southwark Samaritans the sum of:

£	monthly	£	quarterly	£	annually
£	a one-off donation				

Standing Order

Please complete this section if you wish to pay by Standing Order

To the Manager of:

at:

<input type="text"/>	(Postcode)
Account no. to be debited: <input type="text" value="_____"/>	Sort Code: <input type="text" value="___ - ___ - ___"/>

Please pay Lewisham, Greenwich & Southwark Samaritans the sum stated at the frequency stated above starting on __/__/____ and thereafter until further notice.

Payable to CAFBank Ltd, 25 Kings Hill Avenue, Kings Hill, West Malling, Kent ME19 4JQ for the account of Lewisham, Greenwich & Southwark Samaritans, account no. 00013640 sort code 40-52-40.

Signature: _____

THANK YOU!

Gift Aid Declaration

Yes, I want Lewisham, Greenwich & Southwark Samaritans to treat all donations I have made for the six years prior to this year, and all donations I make from the date of this declaration until I notify you otherwise, as gift aid donations. I confirm that I pay an amount of income tax and/or capital gains tax at least equal to the tax that the charity will reclaim on my donations in the tax year.



Please tick and date __/__/____

Please post your completed form to:

The Treasurer, Lewisham, Greenwich & Southwark Samaritans, 1 Angus Street, London SE14 6LU