STANDING ORDER MANDATE Please complete all sections of this form in BLOCK CAPITALS

To (Nam	e of Ban	k)												
	Addre	ss												
	Post Cod	40												
	POSECO													
Account Holder(s)														
	Addre	ss												
	Post Coo	de												
Sort Code]	Account Number								
Please pay the sum of:							£ 5.00 *			Monthly*				
*Delete as appro				opriate			£ 10.00 * £ 15.00 *			Quarterly*				
										Annually*				
							£ 25.00 *							
				Oth			r £							
Comm	Commencing on				and thereafter until further notice.									
Signat	ure:						Date	:						
e Gift Aid O	rganiser	to comp	plete the	followii	ng secti	on								
То:					Account:									
NatWest Street, W						^{gh} C	ardinal	Newma	an Scho	ool Gov	vernors	Fund		
Sort Code						Account Number								
6	0	2 2	2 2	5	-	0	2	6	4	8	8	1	4	
							* .							
Please	auote Gi	itt Aid D	eclaratio	n Keter	ence Ni	umber	•	1						

Please return this form once completed to the Gift Aid Organiser via the School Office.