

# STANDING ORDER FORM

Please return to: James Sloan, Imagine If Trust, PO box 38, Wavertree, Liverpool, L15 0FH.



To (your bank): .....

Branch Address: .....

Please make payments and debit my/our account with the following details to:

Imagine If Trust

CAF Bank, 25 Kings Hill Avenue, West Malling, Kent, ME19 4TA

Sort code: 40-52-40

Account: 00022162

£2     £5     £10     £20    or other amount     £

I would like to make payments on a monthly basis until I give further notice.

Date of first payment: ..... / ..... / .....

Account Name: ..... Account No: ..... Sort Code: .....

- I would like my monthly gift to support (project name): .....
- I would like my gift to be used wherever it is most needed.

Your address: .....

Post code: .....

Phone: ..... Email: .....

Today's date: ..... / ..... / .....

Signature(s): .....

Tick the box to add an extra 25p to every £1 you give at no extra cost

*giftaid it*

Yes, I pay tax in the UK. Please treat all donations I make or have made to 'Imagine If Trust' for the past four years and for the future as gift aid donations until further notice.

I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each year (6 April to 5 April) that is at least equal to the amount of tax that all the charities or Community Amateur Sports Clubs that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and council Tax do not qualify. I understand the charity will reclaim 25p of tax on every £1 that I give on or after 6<sup>th</sup> April 2008.

Signature(s):