



Shamrock Stables, Lynch Lane, Westbury-sub-Mendip Somerset BA5 1HW 0845 601 4644 www.dogsfriends.me.uk

Standing Order Form

Thank you for making a regular donation to Dogs' Friends to help us to continue to help needy dogs. The second sheet of the form coloured blue will be sent to your bank.

I wish to make a monthly donation of £_____.

Title _____ First Name _____

Surname _____

Address _____

Post Code _____

E Mail _____ Telephone Number _____

I confirm that I am an UK Income or Capital Gains Taxpayer. I have read this statement and want Dogs Friends to reclaim tax on past, present and future donation. I understand that I must pay tax an amount of Income Tax and/or Capital Gains Tax in the year at least equal to the amount of tax that all the charities and Community Amateur Sports Clubs (CASCs) I donate to will reclaim on my gifts for the tax year. I understand that taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 25p of tax on every £1 that I have given.

Please complete and return this form to, Dogs' Friends, Shamrock Stables, Lynch Lane, Westbury-sub-Mendip, Somerset, BA5 1HW.

The personal data provided by you will be processed in accordance with the principles of the Data Protection Act 2018 and for the purpose of enabling us to deal efficiently with gift aid claims. You have a right to make a formal written request for access to personal data held about you to inspect it and have it corrected if it is wrong. Additionally you have the right to have your records deleted. We may, from time to time, use these details to send you information which we think may be of interest to you. I **agree/disagree to** this use of my data.

Signature _____

Date _____

Standing Order Authority

To the manager _____ (your bank)

Address _____

Post Code _____

Sort Code _____ Account Number _____

Account Name _____ (your name)

PLEASE PAY Lloyds Bank Cheddar Branch PO Box 1000 BX1 1LT

Sort Code 30-91-84 Account Number 01020810

Account Name Dogs' Friends

THE SUM OF: £ _____ (amount in words)

Commencing _____

Frequency Monthly Payable on the 1st of each month until notified in writing.

Name _____

Address _____

Post Code _____

I confirm I wish my payments to be made by standing order from my account.

Signature _____

Date _____