

Standing Order Mandate

BLOCK CAPITALS PLEASE

To Bank (your bank).....

Full Postal Address (your bank).....

.....

Post Code.....

Please debit my Account Number.....Sort Code.....

Account Holder's Name.....

Amount: £..... and in words.....

Monthly/Annually (please delete as appropriate)

First payment on:.....

Please email contact@petalscharity.org for our bank details

Gift Aid (Please tick)

I would like all gifts of money I make today and in the future to Petals to be treated as gift aid donations

Signature.....Date.....

Full Name and Title.....

Full Postal Address.....

.....

Please forward **one** completed Standing Order Mandate to your bank and a **second** copy to:
Unit 1, Tunbridge Court, Tunbridge Lane, Bottisham, Cambridge CB25 9TU.....**Thank you!**