

# Membership / Supporter Standing Order Form

*- Monthly Standing Order details & Gift Aid declaration*

Mr / Mrs ..... Surname:.....

Telephone:.....

E-mail: .....

**PLEASE COMPLETE THE MANDATE BELOW WITH THE MONTHLY AMOUNT,  
EITHER THAT YOU ARE ABLE TO DONATE OR BASED ON THE  
MEMBERSHIP GROUP THAT YOU WOULD LIKE TO JOIN**

<b>STANDING ORDER MANDATE</b>			
To the manager,			
..... <small>(your bank name &amp; branch)</small>	Bank .....	..... <small>(address)</small>	
Postcode .....	Bank Sort Code <table border="1" style="display: inline-table; width: 40px; height: 20px; text-align: center; vertical-align: middle;">- -</table>	Account Number	<table border="1" style="display: inline-table; width: 60px; height: 20px; text-align: center; vertical-align: middle;">  </table>
Please pay Chabad Lubavitch		£ <table border="1" style="display: inline-table; width: 100px; height: 20px; text-align: center; vertical-align: middle;">EACH MONTH</table>	Starting on <table border="1" style="display: inline-table; width: 60px; height: 20px; text-align: center; vertical-align: middle;">  </table> Until further notice in writing.
Name Mr/Mrs/Miss/Ms .....		Address.....	
.....		Post Code .....	
Signed .....		Date .....	
<p><i>Pay to: Chabad Lubavitch Centres NE London &amp; Essex</i></p> <p><i>Bankers: Barclays Bank P.O. Box 1070 Barking Essex IG11 8GY</i></p> <p><b>Sort Code: 20 – 44 – 22                      Account No: 90532886</b></p>			

## Gift Aid Declaration

*If you are a UK tax payer please read and complete the form.*

**GIFT AID DECLARATION:** *If you are a UK tax payer, please complete the details below so that we can claim back 25p for every £1 you donate at NO extra cost to you. You must pay an amount of income/capital gains tax at least equivalent to the tax that the charity reclaims on your donations in the tax year. If your circumstances change in the future you can cancel your declaration.*

*I..... Wish Chabad Lubavitch Centres of NE London & Essex to treat my donation & all donations since 6th April 2000 as Gift Aid.*

Signature.....

Date .....