

Mr/Mrs/Miss/Ms:.....Surname:.....

Address:.....

.....Postcode:.....

Telephone:.....

Email:.....

**PLEASE COMPLETE THE MANDATE BELOW WITH THE MONTHLY AMOUNT
THAT YOU WISH TO DONATE**

STANDING ORDER MANDATE

To the manager,

..... Bank Address:.....
(your bank name & branch)

Postcode:..... Sort Code: Account Number

Please pay Chabad Lubavitch £ EACH MONTH Starting on Until further notice in writing.

Name: Mr/Mrs/Miss/Ms:..... Address:.....

..... Post Code:.....

Signed:..... Date:.....

Pay to: Chabad Lubavitch Centres NE London & Essex
Bankers: Barclays Bank - 22 Hainault Leicestershire LE87 2BB
Sort Code: 20 - 44 - 22 Account No: 90532886

Gift Aid Declaration

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

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 made within 4 years & 11 months of the date below until further notice.

Signature..... Date