

Standing Order Form



Name (Mr/Mrs/Miss/Ms)

Address

Telephone Postcode

Email

Please pay **Action on Addiction** £5 £10 £15 each month

Or my preferred amount of £_____ each _____ until further notice, and debit

Account Number

Name(s) of Account Holder(s)

Bank sort code

Starting on (Please allow one month from today)

If you are a UK taxpayer, under the Government's Gift Aid scheme **Action on Addiction** can reclaim the tax you have already paid on your gift. This means that your donation can increase in value by nearly a third at no extra cost to you. **Please tick the box below if you would like Action on Addiction to reclaim the tax on your gift**

I confirm that I am a UK taxpayer, and have paid sufficient income tax or capital gains tax in the current tax year equal to, or more than, the amount of Gift Aid currently being claimed. Please treat this and any future donations to **Action on Addiction** as Gift Aid donations.

It doesn't matter what rate of tax you pay as long as you pay an amount of income or capital gains tax equal to the tax we reclaim on your donations in that financial year. Please remember to inform us of any changes in your tax status.

Signature(s) _____ Date _____

To Manager (bank name and address)

Postcode

Please return this form to:

Action on Addiction, 1 Regent Terrace, Rita Road SW8 1AW

For office use only:

NatWest Bank PLC, 48 Blueboar Row, Salisbury, Wiltshire, SP1 1DF (54-41-19) for the credit of Action on Addiction
A/C No. 47115890

Reference