

# Fanconi Anaemia Family Support – Registered Charity 1135020

## STANDING ORDER FORM

Please send the top half of this form to: Fanconi Anaemia Family Support, 6 Derwent Avenue, Water Lane,  
Huttons Ambo, York, YO60 7HG

Please take or send the bottom half of this form to your Bank or Building Society

IMPORTANT: Please complete in BLOCK CAPITALS

Please send this section to Fanconi Anaemia Family Support

**YES, I would like to make a difference to these children's lives**

Mr/Mrs/Ms/Miss/Other \_\_\_\_\_ I would like to donate £ \_\_\_\_\_ a month  
Forename \_\_\_\_\_ by standing order  
Surname \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_  
Tel \_\_\_\_\_

If you are happy to receive information about Fanconi Anaemia Family Support's work by e-mail, please provide your e-mail address:

\_\_\_\_\_

*giftaid it*

This declaration confirms my wish to make donations to the Fanconi Anaemia Family Support Charitable Trust under the Gift Aid Scheme and applies to all donations made by me from 6<sup>th</sup> April 2009.

I understand that I must pay an amount of income tax or capital gains tax in the relevant tax year at least equal to any tax reclaimed by Fanconi Anaemia Family Support in that period (currently 28p for each £1 given).

Remember to notify us if you no longer pay an amount of income tax or capital gains tax equal to the tax we can reclaim.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please take or send this section to your Bank or Building Society

### Instruction to your Bank or Building Society to pay by Standing Order

Your Bank/Building Society \_\_\_\_\_

Your Account Name \_\_\_\_\_

Your Contact Tel No \_\_\_\_\_

Monthly Amount £ \_\_\_\_\_ (Until Further Notice)

Monthly Amount in Words \_\_\_\_\_

Date of FIRST Payment: \_\_\_\_\_

Your Sort Code

-    -

Your Account Number

Beneficiary Sort Code

-    -

Beneficiary Account Number

Beneficiary Roll Number

**Beneficiary Reference:** Halifax plc,  
8 Wheelgate, Malton, North Yorkshire,  
YO17 7HP

**Account Name:**

Fanconi Anaemia Family Support

Signature \_\_\_\_\_

Date \_\_\_\_\_