

Standing Order Form

1 Title Forename Surname

Address

Postcode

Telephone

Email

2 Please pay No Frontiers £..... each month until further notice, and debit
Reference **SPONSOR CHILDREN WITH SPECIAL NEEDS**

3 Account number

4 Name(s) of Account Holder(s)

5 Bank sort code - -

6 Starting on / / (please allow 1 month from today)

7 Signed _____ Date _____

Please treat the above donation (and all future donations) as Gift Aid donations.
(tick box if appropriate) Please notify us if you no longer pay an amount of income tax or capital gains tax equivalent to reclaim on your donation (currently 28p for every £1.00 you give)

8 To Manager (Bank name and address)

Postcode

9 Please return this donation form to the address below:
NO FRONTIERS (LITERATURE OUTREACH) LTD
26-28 LOTTBRIDGE DROVE, EASTBOURNE, EAST SUSSEX BN23 6NT

● For office use only:
Barclays Bank PLC, 1 Churchill Place, London, E14 5HP for the credit of No Frontiers (Literature Outreach) Ltd A/C 30005983
Sort Code 20-00-00