

BANKERS ORDER

PLEASE RETURN THIS FORM TO: THE DANA SECRETARY, 57 OAK STREETSOUTHPORT, MERSEYSIDE PR8 6AL

Name of your bank					
Full Address					
of your bank					
Please pay to the Co-operative Bank PO Box 101, 1 Balloon Stree 08-92-99 Account no 67253706 (The Samatha Trust No 1 Curren		 er M6() 4EP	Sort code	
The sum of £ on (date)					
and on the same date each month/year until further notice					
from my account no					
When paying please quote my name					
Your Address					
GIFT AID DECLARATION IN FAVOUR OF THE SAMATHA The Please treat all gifts of money that I have made in the past four years and in the fur may reclaim tax on my donation. I am a UK taxpayer and I understand that if I pay amount of Gift Aid claimed on all my donations in that tax year it is my responsibility.	<u> TRUST</u>				
Name.	Post Co	de			
Street & house number					
Signature		Date			
Please notify the dana secretary if you: Want to cancel this declaration - Change your name or home address - No lo capital gains. If you pay Income Tax at the higher or additional rate and want to must include all your gift aid donations on your Self Assessment Tax Return or as code.	receive the add	itional t	ax relie	f due to you, you	
Data Protection - see www.samatha.org/data_protection for our of	data security	policy	/.		
Your Name				1 1 1 1 1 1 1 1	
Your email					
I consent to the Samatha Trust securely holding my details		YES	NO	D	
I consent to the Samatha Trust contacting me by email		YES	NO	Please circle as appropriate	
I consent to the Samatha Trust contacting me by post		YES	NO		