

Standing Order Mandate contact@wadebridgefoodbank.org

Please pass this form onto the foodbank, using the foodbank's address at the bottom, who will save a copy for their records.

They will then send it on to your named bank or building society.

Name of your ba	nk							
Branch address								
Town/City				Postcode				
Please pay Wade	bridge Foodbank							
Sort code: 3	0 - 9 8	- 9 8	Account num	nber: 0 1	6 6	3 2	2 3	
The sum (in figure of:	res)		(in words)					
On the:	/	/		Each:	Week	Month	Year	
Until further notic	e and debit my acc	ount accordir	gly.					
Name of account to	be debited:							
Sort code:	-	-	Account nun	nber:				
Signature(s)				Date .		<i>!</i>	<i>/</i>	
Title	First name			Last name				
Home address								
Town/city				Postcode				
Email address								
/e would love to k	eep you up to da	e with inforr	nation about W	/adebridge Foo	dbank. Pleas	e tick your pre	eference:	
Email and Post	Email Post I do not wish to receive future communications from Wadebridge Foodbank							
						:@wadebridgefo		

Data protection

Wadebridge Foodbank & Storehouse is committed to protecting your privacy and will process your personal data in accordance with current Data Protection legislation. Wadebridge Foodbank collects information to keep in touch with you and supply you with information relating to our work. To unsubscribe from our newsletter, send a message to the email address above with the word unsubscribe in the subject line. A full data privacy statement for financial donors is available from the foodbank on request.

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Tick to boost your donation by 25p of Gift Aid for every £1 you donate.

I want to Gift Aid my donation and any donations I make in the future or have made in the past four years. I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsiblity to pay any difference.