

Standing Order Mandate

midnorfolk.foodbank.org.uk

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 onto your named bank or building society.

	Name of your bank	
	Branch address	
nage	Town/City	Postcode
ank ma	Please pay Mid-Norfolk Foodbank, Sort code: 0 7 - 0 0 - 9 3	Please quote 1097/704290012 Account number: 3
onr b	The sum (in figures) of:	(in words)
Instruction to your <mark>bank manager</mark>	On the:	Y Y Each: Week Month Year
	Until further notice and debit my account accordingly.	
struc	Name of account to be debited:	
lns	Sort code:	Account number:
	Signature(s)	Date//
	Title First name	Last name
tails	Home address	
Your details	Town/city	Postcode
ý	Email address	
	We would love to keep you up to date with information about Mid-Norfolk Foodbank. Please tick your preference:	
	Email and Post Email Post I do not wish to receive future communications from Mid-Norfolk Foodbank	
	You can change your preferences any time by emailing us at info@midnorfolk.foodbank.org.uk	
	Data protection Mid-Norfolk Foodbank is committed to protecting your privacy and will process your personal data in accordance with current Data Protection legislation. Mid-Norfolk 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.	
	giftaid it I want to Gift Aid m	donation by 25p of Gift Aid for every £1 you donate. y donation and any donations I make in the future or have made in the past four years. and understand that if I pay less Income Tax and/or Capital Gains Tax than the claimed on all my donations in that tax year it is my responsiblity to pay any difference.