

SHROPSHIRE HEALTH FOR AFRICA PROJECT (SHAPE)

Thank you for offering to make a donation to SHAPE

Please complete this form and send it to:

SHAPE
c/o Church Stretton Medical Practice
The Medical Centre
Easthope Road
Church Stretton
Shropshire SY6 6BL

For information about SHAPE see www.shapeafrica.org.uk
or email mail@shapeafrica.org.uk

Standing Order Instruction

To the Manager

Name of your Bank: _____

Branch Address: _____

Postcode: _____

Please Pay The Shropshire Africa Project (SHAPE)

At Barclays Bank

Sort Code 20-53-22

Account 30897744

The sum of : £ _____ Monthly

Date of first Payment ____/____/____

Date of last payment: ____/____/____ (optional)

Quoting reference: DON _____

(please put your surname and initial e.g. Smith J)

so that we can recognise your donation on our bank statement)

And debit my account

Account Name: _____

Sort Code: - -

Account Number:

Your signature(s) _____

Date ____/____/____

Please cancel any existing standing order to SHAPE and replace it with the above

Your details

Name: _____

Address: _____

Postcode: _____

email address: _____ (optional)

GIFT AID DECLARATION (if appropriate).

I would like SHAPE (Charity No. 1124253) to treat these donations as a Gift Aid donations. I am a UK taxpayer and pay an amount of Income Tax and/or Capital Gains Tax at least equal to the tax that SHAPE will reclaim on these donations

Signature _____