

## Serendip Standing order Mandate PLEASE COMPLETE ALL SECTIONS IN CAPITAL LETTER

My contact deta	ils
Full Name:	
Address:	
Telephone Number:	
Mobile Number:	
Email Address:	
My donation	
Amount (in figures):	$\pounds 5/ \text{ month } \square \pounds 30 / \text{Month } \square \text{ Other Amount } \square$
	$\pounds 10 / \text{month} \square \pounds 50 / \text{Month} \square \pounds / \text{Month}$
Amount (in words):	
Date of first payment:	and thereafter every month until further notice and debit my account accordingly
Payee Bank Name:	Natwest PLC
Payee Account Name:	Serendip Children's Home
-	1 1 6 3 7 7 4 9 Sort code: 6 0 - 0 4 - 3 6
Payee Account Number:	Soft code: 0 0 - 0 4 - 5 0
My hank details	
My bank details	
Account name:	
Account name: Account number:	
Account name:	
Account name: Account number:	
Account name: Account number: Sort code: Bank name:	
Account name: Account number: Sort code:	
Account name: Account number: Sort code: Bank name: Bank branch address:	
Account name: Account number: Sort code: Bank name:	
Account name: Account number: Sort code: Bank name: Bank branch address:	
Account name: Account number: Sort code: Bank name: Bank branch address: Signature: Date:	
Account name: Account number: Sort code: Bank name: Bank branch address: Signature: Date: Gift Aid Declara	
Account name: Account number: Sort code: Bank name: Bank branch address: Signature: Date: Gift Aid Declara	
Account name: Account number: Sort code: Bank name: Bank branch address: Signature: Date: Gift Aid Declara	
Account name: Account number: Sort code: Bank name: Bank branch address: Signature: Date:	
Account name: Account number: Sort code: Bank name: Bank branch address: Signature: Date: Gift Aid Declara Gift Aid Declara	i i i i i i i i i i i i i i i i i i i
Account name: Account number: Sort code: Bank name: Bank branch address: Signature: Date: Gift Aid Declara	i i i i i i i i i i i i i i i i i i i