

Standing Order Form

The Leprosy Mission NI
XR 11501

The Leprosy Mission NI
2a Queen's Road
LISBURN
BT27 4 TZ
T: 028 9262 9500



Giving by Regular Donation from Your Bank

To: The Manager

Please pay: THE LEPROSY MISSION (Number 1 a/c 84241040)
FIRST TRUST BANK, University Road, Belfast (93-86-09)

The sum of £..... (figures).....(words)

Commencing onand continuing (monthly/quarterly/yearly)
until further notice.

Your Bank Name:.....

Your Bank Address:.....

Your Bank Post Code:.....

Name of account to be debited:.....

Account Number:.....

Sort Code:.....

House number/ name

Full address:.....

Post Code:

Signature (s).....

Gift Aid Declaration

I want THE LEPROSY MISSION to treat all donations that I make from the date of this declaration until I notify you otherwise as Gift Aid donations **including** all donations I have made for this year and the six tax years prior to the year of this declaration, and all donations I make from the date of this declaration until I notify you otherwise, as Gift Aid donations.

You must pay an amount of Income Tax and/or Capital Gains Tax at least equal to the tax that the charity reclaims on your donations in the appropriate tax year. (currently 25p for each £1 you give)

Date...../...../.....

Signature.....

NOTES

1. You can cancel this Declaration at any time by notifying **THE LEPROSY MISSION NI**
2. If in the future your circumstances change and you no longer pay tax on your income and capital gains equal to the tax that **THE LEPROSY MISSION** reclaims, you can cancel your declaration.
3. If you pay tax at the higher rate you can claim further tax relief in your Self Assessment tax return. Ask **THE LEPROSY MISSION NI for more information.**
4. If you are unsure whether your donations qualify for Gift Aid tax relief, ask **THE LEPROSY MISSION NI** Or, refer to donations by individuals on the HMRC website, www.hmrc.gov.uk. Please notify **THE LEPROSY MISSION** if you change your name or address.