

Charity Reg : 1159456

STANDING ORDER FORM (MAKTAB) DETAILS*Please set up following Standing Order and debit my account.*

Title: **First Name:** **Surname:**

Address:

Post Code: **Tel No:** **Mobile No:**

Account Holder Name:

Account No: **Sort Code:**

Name of Bank:

Bank Address:

Name:

ABOUT PAYMENT & PAYMENT DATES**REF NO:****Bank Name:****Bank Address:****Bank Account:****Amount of Normal Payment (every 4 weeks):****Please debit my account every 4 weeks for 12 installments; from****Commencing Date:****until you receive further notice from me.**

Print Full Name:

Signature:

Date:

DD / MM / YYYY

Please treat all gifts of money that I have made in the past and all future gifts of money that I make from the date of this declaration as Gift Aid donations. I confirm that I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year. I understand that Bilal Academy will reclaim 25p of tax on every £1 I give.

Signature:

Date:

DD / MM / YYYY