



Refugee
Therapy
Centre

Standing Order Form

Your name: _____

Address: _____

Tel: _____ E-mail: _____

Your bank:

To: _____
(Bank/Building Society)

Bank's address: _____

Your account no: _____ Sort code: _____

I wish to pay the Refugee Therapy Centre (please complete as appropriate):

£ ____ Monthly or £ ____ Quarterly or £ ____ Annually

Please pay the sum stated above, at the frequency stated above, starting on/...../..... and thereafter until further notice to CAF Bank Ltd, 25 Kings Hill Avenue, Kings Hill, West Malling, Kent, ME19 4JQ for the account of Refugee Therapy Centre (Account No. 00015543) (Sort Code 40-52-40).

Signed: _____ Date: _____

Gift Aid Declaration

If you are a UK tax payer, we can claim tax relief on your donations if you fill in this Gift Aid Declaration.

I would like the Refugee Therapy Centre to reclaim tax on all donations I make (please tick)

Signed: _____ Date: _____

If you have any questions about regular giving, please do contact the Refugee Therapy Centre on 020 7561 1587 or at info@refugeetherapy.org.uk.

We will keep a photocopy of this form and send the original to your bank so that they can process payments.

If you do not wish to be contacted by us, please tick here:

Please send your completed donation form to the Refugee Therapy Centre, 1A Leeds Place, Tollington Park, London N4 3RQ.

Notes

1. You can cancel this declaration at any time by notifying the Refugee Therapy Centre.
2. It is appreciated if you could notify the Refugee Therapy Centre if you change your address.