

HENDON MOSQUE & ISLAMIC CENTRE

LOAN REPAYMENT FUND

Bank Standing Order Form

Please complete and return to the Mosque at the address below, **NOT** to your bank. Please write legibly in BLOCK capitals

		Please write legibly in BL	.OCK capitals			
To: (your bank name	and full address)					
Bank or Building Soci	ety					
Address						
	Postcode					
Your Account No	Sort Code					
Please pay Hendon N	Mosque & Islamic Centre					
Code No. 09 01 27	Account No. 43	683743 Quote Ref: B	BP/			
Amount £'s	Amount in words					
Date of first paym	And thereafter on the same date every	(Delete as appropriate) Week / Month / Year	Until further notice in writing			
Signed:		Date: / _	/ 20			
Name						
Address						
Postcode	Tel	e-Mail				

Postcode	Tel	e-Mail		_	
GIFT AID DECLARA	TION:				
Your Title:	Your Name:			-	
Address:		Po:	st code	_	
Contact Telephone: _		E-mail:		-	
I wish Hendon Mosque & Islamic Centre to treat all donations I have made for the last six years prior to this date and all donations I make from the date of this declaration, until I notify you otherwise as Gift Aid donations. I understand that to qualify for Gift Aid, what I pay in income tax or capital gains tax must at least equal the amount Hendon Mosque & Islamic Centre will claim in the tax year.					
Signed:			Date: / / 20	_	
			HMIC reclaims on your donation in the tax ax or you wish to cancel your gift aid decla		
Date					