

STANDING ORDER

1) Please write the name and address of your bank. Please note standing orders can only be set up using a current account.	To the Manager							
	Bank Name							
	Address							
	Postcode							
	Ref: 80 - 2 -				Our ref:			
	Please pay Meningitis Research Foundation a/c no. 25270338, sort code 55-61-38 at National Westminster Bank of 16 The Plain, Thornbury, Bristol BS99 5HD							
2) Please write the sum of money you are donating and the date of the first payment.	The sum of							
	Starting from							
3) Please tick the frequency you wish to donate.	And the same sum, on the same day, as specified below until further notice							
	Monthly		Quarterly			Annually		
4) Please write your bank account number (a 7 or 8 digit number).	My bank account no.							
5) Please write your bank sort code (a 6 digit number).	My bank sort code							
6) Please write your personal details here.	Title		Full name					
	Address							
	Postcode							
	Tel (Day)				Email			
7) Please sign and date the form.	Signature							
	Date							
8) Do you have personal experience of meningitis and septicaemia?								
9) If you have been bereaved as a result of these diseases let us know, and we can record the donation in their memory.								
GIFT AID DECLARATION								
10) You can increase your gift by 25% at no extra cost to you by participating in the gift aid scheme. You must pay an amount of income tax or capital gains tax equal to the tax we reclaim on your donations. Simply sign the declaration and we can claim the tax from the inland revenue.	I would like Meningitis Research Foundation to reclaim tax on all donations I have made within the last 4 years and on any donations I make in the future. I am a UK tax payer.							
	I am not a UK Tax payer				I do not wish to gift aid			
	Signature							
	Date							
	Please let us know if you change your address or if you no longer pay an amount of income tax or capital gains tax equal to the tax we will reclaim on your donations (currently 25p for every £1 you give)							
11) Please return the form								

We need permission from you to stay in touch and send the information that you want. Communications may include charity information, news and fundraising updates. Tick to be contacted by

Email: Yes ☐ No ☐ **Post:** Yes ☐ No ☐ **Phone:** Yes ☐ No ☐

You can change your mind at any time by contacting our offices.

For full details of our privacy statement visit: www.meningitis.org/privacy

meningitis.org

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Registered Office: Room 703, The Programme Building 7th Floor, The Pithay, Bristol BS1 2NB