

## Friends of Walton Parish Nursing

Title..... Forename.....  
Surname.....

Address:.....  
..... Post  
code.....

Phone Number..... E-  
mail.....

I enclose the completed and signed Bankers Standing Order **OR**  
I enclose a cheque for £..... made payable to **Walton Parish Nursing,  
Felixstowe**

### Gift Aid declaration:

I want the charity to treat the donations that I pay from the date of this  
declaration until I notify you otherwise as Gift Aid donations.

I am a UK taxpayer

Signature: .....  
Date.....

### STANDING ORDER MANDATE

**To the Manager** (Name of  
bank): .....

Address:.....  
..... Post  
code.....

**Please pay:** CAF Bank Ltd 25 Kings Hill Avenue, Kings Hill, West Malling,  
Kent ME19 4JQ

**For the credit of:** Walton Parish Nursing, Felixstowe  
Bank sort code: 40-52-40 Account Number: 00023393

**The sum of** (in words).....Pounds  
(£.....)

On the..... (day).....  
(month)..... (year)

And thereafter every month until further notice and debit my account  
accordingly.

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

**Account Number:** ..... Sort  
code: .....

Title..... Forename.....  
Surname.....

Address:.....  
..... Post  
code.....

Signature: .....  
Date.....

When completed, please return to Walton Parish Nursing, c/o Maidstone Road Baptist Church, Walton, Felixstowe IP11 9ED. We will then send this form on to your bank. Thank you.