

Women + Health STANDING ORDER FORM

To the Manager:	
Bank Name	
Bank Address	
Please Pay:	
Payee Bank CAF BANK Ltd	
Payee Account Women and Health	
Sort Code 40-52-40	Account Number 00016311
Payment Amount	Frequency
Date of First Payment	
Your details:	
Name	
Address	
Account Number	Bank Sort Code
Signature	
Print Name	

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Gift Aid

I wish Women and Health (W+H) to treat all donations that I made during the previous six years and all future donations as Gift Aid donations, until I notify otherwise. I confirm that I pay at least as much income tax and/or capital gains tax as W+H will reclaim on the donation in each tax year.

Signature.....Date.....

Please notify W+H if you no longer pay an amount of income tax and/or capital gains tax equal to the tax we reclaim on your donations.

Name:
Contact details:
Tel:
Email:

Please return this form to **Women + Health, 4 Carol Street,
 London NW1 0HU**
 Women and Health charity number 296262, company number 2101723