**Standing Order Mandate**

|  |  |
| --- | --- |
| **Name of Practice** |  |
| **Address** |  |
| **Postcode** |  |
| **Telephone** |  |
| **Email** |  |
| **Fax** |  |

|  |
| --- |
| **Your bank name** |
| **Your bank address** |
| **Your account name** |
| **Account holder’s address** |
| **Your bank account number** |
| **Your sort code** |
| Please pay Saving Faces (**Santander, sort code 09-06-66, account number 40769363)** £\_\_\_\_\_ on the \_\_\_\_\_ (day) of \_\_\_\_\_\_\_ (month) 20\_\_\_ (year) and thereafter on the same day each following year until further notice, |
| **Signed** |
| **Print Name** |
| **Date** |

|  |
| --- |
| **Gift Aid Declaration** |
| If you pay income tax above the 20% basic rate you can claim back additional tax relief due to you by including all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code. Gift Aid is reclaimed by the Charity from the tax you pay for the current tax year. Your address is needed to identify you as a current UK taxpayer. |

|  |  |
| --- | --- |
| I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year, it is my responsibility to pay any difference. | |
| **Title** |  |
| **First Name(s)** |  |
| **Surname** |  |
| **Email Address** |  |
| **Full Home Address** |  |
| **Post code** |  |
| **Telephone** |  |
| **Date of declaration** |  |
| **Please notify the Charity if you:**   * Want to cancel this declaration * Change your name or address * No longer pay sufficient tax on your income and/or capital gains | |

Please return this form to:

Saving Faces- The Facial Surgery Research Foundation

71 Tonbridge Street

London

WC1H 9DZ

Or by email to: [info@savingfaces.co.uk](mailto:info@savingfaces.co.uk)