

Standing Order Form

Please send to your bank



To: (insert name and address of your bank) _____

Sort Code: ____/____/____ Account No: _____ Name on account: _____

Please pay a regular amount of (tick appropriate box)

£3 £5 £10 £15 or other amount £ (enter amount)

I wish to pay £_____ (please also state the amount in words) _____ each month to X2Y LGBT Youth Group.

Bank details: The Co-operative Bank, P.O. Box 250, Skelmersdale WN8 6WT

Sort code: 08-92-99 Account number: 65805101

Please start on ____/____/____ and then debit my account on the same date each month until further notice.

Signature: _____ Date: ____/____/20____

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Please return this slip to x2y LGBT Youth Group, 64 Corisande Road, Selly Oak, Birmingham, B29 6RP or email the information to info@x2y.org

Title: (Mr/Mrs/Ms/Mx etc.) _____ Name: _____

Address: _____

Email address: (optional) _____

Amount donated per month _____

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Tick the box to add an extra 25p to every £1 you give at no extra cost:

Yes, I pay tax in the UK. Please treat all donations I make or have made to x2y LGBT Youth Group in the future as gift aid donations until further notice. (You must pay income tax / capital gains tax at least equal to the amount of tax reclaimed on your donations to be eligible).