Standing Order Mandate

Please pass this form onto the foodbank, using the foodbank's address at the bottom, who will save a copy for their records.

by trussell trust

your bank manager	Name of y Branch ad Town/City Please pa Fort code: the sum f: On the:	dress ay Swa 4 (in figu	nsea F O -	Sw	Portlanse	a - 3	Stree ¹	Accou	Postcode SA1 3DF Sunt number: 7 3 999 1 6 5 words) Each: Week Month Year											
uction o	Until further notice and debit my account accordingly.																			
	Name of ac	ort code: Account number:																		
	Signature	(s)									Date			/ .			/			
	Title First n				name						Last name									
Your details	Home address																			
our d	Town/city							Postcode												
En	Email address																			
We	would lo	ve to k	еер ус	ou up t	o date	with i	nforma	ition ab	out Sv	vanse	a Food	lbank	k. Pleas	e tick	your pr	eferer	ice:			
You	Email and Post Email Post I do not wish to receive future communications from Swansea Foodbank ou can change your preferences any time by contacting us on 07815 534095 or emailing us at info@swansea.foodbank.org.uk																			
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C	Tick to boost your donation by 25p of Gift Aid for every £1 you donate.								
giftaid it	I want to Gift Aid my donation and any donations I make in the future or have made in the past four years. 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.								