



Banker's Standing Order

Please complete your details below in block capitals, sign and date the form then return it to:

Charlie Waller Memorial Trust, 32 High Street, Thatcham, Berkshire, RG19 3JD

Name & address of donor'(s)

To

bank in full:	
	of
	Please pay to: CAF Bank Ltd (40-52-40), 25 Kings Hill Avenue, Kings Hill, West Malling, Kent, ME19 4JQ for the credit of the Charlie Waller Memorial Trust (Account No. 00017195)
	The sum of
	(in words)
Date when payments should start:	Every month Every quarter Annually
	starting on the (day) of (month) (year)
	Please allow at least one month from the date of sending this form to CWMT.
Signature:	
Date:	
Full name in capitals:	Title
	Name
Account to be debited:	
Account No.	
Sort Code:	
This instruction cancels all previou (Registered Charity No. 1109984)	s instructions in favour of the Charlie Waller Memorial Trust
	giftaid it
Please treat as Gift Aid all qualifyi	ng gifts of money made to CWMT (Registered Charity No. 1109984)
today in the future	(please tick all boxes you wish to apply)
to 5 April) that is at least equal to	n amount of Income Tax and/or Capital Gains Tax each tax year (6 April the amount of tax that CWMT will reclaim on my gifts for that tax year. In as VAT and Council Tax do not qualify. I understand that CWMT will at I give on or after 6 April 2008.
Signed	Date
Title First Naı	me or Initial(s)
Address	
Postcode	

Please notify CWMT if you: 1. Want to cancel this declaration. 2. Change your name or home address. 3. No longer pay sufficient tax on your income and/or capital gains.