



STANDING ORDER FORM

1. Please fill in your name and details here:

Name: (Mr / Mrs / Miss / Dr)

Address:

2. Please pay Lewisham Islamic Centre:

Lewisham Islamic Centre

HSBC BANK PLC
85 Lewisham High Street
London SE13 6BE

Account No: 71476882

Sort Code: 40-04-15

Please tick as appropriate:

£100

£50

£30

equivalent to £1 per day

£15

£10

each month or my preferred amount of £_____ (monthly) until further notice and debit my account.

Starting on (date) and thereafter on (day) of each Month.

3. Account Number:

4. Sort Code:

- -

5. Name(s) of Account Holder(s):

6. To Manager of (bank name & address):

Post Code:

7. Signature(s):

Date:

8. Telephone

9. Email



I am a UK tax payer and would like Lewisham Islamic Centre to reclaim tax on all my donations I have made since 6/4/2000 and thereafter until further notice. **An Extra 20% will be added to your donations at no cost to you.**

Name:

Signature:

Date:



STANDING ORDER FORM

1. Please fill in your name and details here:

Name: (Mr / Mrs / Miss / Dr)

Address:

2. Please pay Lewisham Islamic Centre:

Lewisham Islamic Centre

HSBC BANK PLC
85 Lewisham High Street
London SE13 6BE

Account No: 71476882

Sort Code: 40-04-15

Please tick as appropriate:

£100

£50

£30

equivalent to £1 per day

£15

£10

each month or my preferred amount of £_____ (monthly) until further notice and debit my account.

Starting on (date) and thereafter on (day) of each Month.

3. Account Number:

4. Sort Code:

- -

5. Name(s) of Account Holder(s):

6. To Manager of (bank name & address):

Post Code:

7. Signature(s):

Date:

8. Telephone

9. Email



I am a UK tax payer and would like Lewisham Islamic Centre to reclaim tax on all my donations I have made since 6/4/2000 and thereafter until further notice. **An Extra 20% will be added to your donations at no cost to you.**

Name:

Signature:

Date: