

DONOR FORM

Details of the account from which payment will be taken:

Bank or Building Society name:	Address:
Branch:	Account number:
Account Name:	Sort Code:

Detail of the account to which payment will be made:

Name of Bank	HSBC (East Ham branch)
Bank Address	118 High Street North, East Ham, London E6 2HX
Account Name	Trinity Community Centre
Account Reference	Friends of Trinity
Sort Code	40-02-34
Account Number	71088017

Please pay a regular gift of (tick appropriate box)

£2 £5 £10 £15 £20 £25 £100 or other amount £

* I wish to donate £ _____ (please also state the amount in words) each month to the Trinity Centre.

Please start on ___ / ___ / ___ and each month until further notice.

* I wish to donate a single payment of £ _____

Signature: _____ Date: _____/_____/20__

Email: _____ Phone: _____

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

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Yes, I pay tax in the UK. Please treat all donations I make or have made to the Trinity Centre for the past four years and for 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.)

Please send this form to :-

Paul Chelliah
Trinity Centre
East Avenue
London E12 6SG

e-mail: paul@thetrinitycentre.org