

# REGULAR GIVING FORM

To:

The Manager.....Bank PLC

Address.....

.....

Please pay charity the Go MAD in Tanzania:

Co-op Bank PLC

PO Box 250

Delf House

Southway

Skelmersdale

WN8 6WT

Sort code: 08-92-99

Account number: 65315604

The sum of £ ..... (figures) ..... (words)

on the ..... day of.....20..... and each month/quarter/year [*delete*

*as appropriate*] thereafter until further notice and debit the following

amount in respect of each payment made:

Account Name: .....

Account Number: .....

Signed: .....

Name [please print] ..... Date .....

## GIFT AID DECLARATION

I want the charity Go MAD in Tanzania, to reclaim tax on all gifts of money that I make today and in the future as Gift Aid donations. I note that I will inform Go MAD if I do not pay income tax or capital gains tax at least equal to the tax reclaim on my donations.

**I agree to notify Go MAD if:**

1. I want to cancel this declaration,
2. I change my name or home address
3. I no longer pay sufficient tax on my income and/or capital gains.

Signed..... Dated.....

Full Name [*please print*] .....

Address: .....

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**Please print off form, complete details and return to Go MAD, 53A Ilgnes Lane, Cholsey, Wallingford, Oxfordshire, OX10 9NX.**