

STANDING ORDER FORM

Your Personal Details

First Name

Surname

Address

Postcode

Tel Number

Your Bank Details

Bank

Branch

Sort Code

Account No

Instructions for your Bank

Please pay to *The Butterfly Trust* the sum of: £

Amount in words

(pounds)

Every month with effect from / / until further notice

Account Type - Trustees Account

Bankers - Halifax Bank of Scotland

Bankers Sort Code - 00584054

Account No - 80-02-78

Gift Aid Declaration

Why not make your donation go further and Gift Aid it. Using Gift Aid means that for every pound you give, we get an extra 28 pence from the Inland Revenue, helping your donation go further.

I want all donations I've made to *The Butterfly Trust* since 6 April 2000 and all donations in the future to be Gift Aided until I notify you otherwise.

To qualify for Gift Aid, what you pay in income tax or capital gains tax must at least equal the amount we will claim in the tax year.

Signature

Date

Please return a copy of this form to;

Fundraising Team
The Butterfly Trust
109/3B Swanston Road
Edinburgh
EH10 7DS

supporting people with cystic fibrosis in scotland

www.butterflytrust.org.uk

Registered Charity No SC 033174