



Arobanam Sponsorship Scheme
STANDING ORDER MANDATE

To the Manager

Name of Bank: _____

Address: _____

City & Postcode _____

Please pay: CAF Bank Ltd. 25 Kings hill Ave, West Malling, Kent ME19 4JQ

For the credit of: Arobanam Children Fund Charity Reg No: 1082803

A/C No: 00029004, Sort Code. 40-52-40

The sum of: (in words) _____

Pounds (£15/per child): _____

On the _____ (day), _____ (month), _____ (year)

And thereafter every month until further notice and debit my account accordingly.

Name of account-holder to be debited: _____

Account Number: _____

Sort Code: _____

Signed: _____

Date: _____

Your Address _____

I would like tax to be reclaimed on my donation under the Gift Aid Scheme. I am a UK tax payer and pay an amount of income tax and/or capital gains tax at least equal to the tax that can be reclaimed on my donation. Please tick.

YES ____ NO ____



For future communication please provide your email address. This is the only way you will receive our Newsletter. We assure you that we will never pass your email address onto third parties.

Tel Number: _____

Email: _____

Please call 01737 851 947 if you have any queries. When completed, please return to Mr V Ramakrishnan (Chairman), Arobanam Children Fund, 21 Yew Tree Bottom Road, Epsom, Surrey, KT17 3NE. We will then send this form onto your bank. Please allow at least 2 weeks between the date you fill this form and the date of your first payment. Thank you.