



PO Box 1445 HIGH WYCOMBE HP12 9BU
Company No 2585745 Registered Charity No 1012566

BANKERS ORDER FORM

To the Manager _____
Name of UK bank or building society

Full address of UK bank or building society

Postcode

Sort Code of bank or building society _____

Name on account to be debited _____

Number of account _____

Dear Sir or Madam

Please pay to Frontiers Account number 00001828 at CAF BANK Ltd,
Kings Hill, WEST MALLING, Kent, ME19 4TA (Sort code 40-52-40)

the sum of £ _____
amount in words

on the same date each month / quarter / half year / year
delete as appropriate

starting on _____ and continuing until further notice
date, month and year

Date _____ Signed _____
date, month and year

Address

Postcode

NB: Please also complete the Preference and Contact Details sections and return this form to Frontiers and NOT to your bank. We will forward your instructions to your bank after we have noted the details. Thank you.

ONLINE BANKING - If you prefer to set up a standing order via online banking, please advise us of details by email to partners@frontiers.org.uk as information provided through the banking system with payments is often incomplete.



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GIFT AID DECLARATION

I, _____
Title & Full Name in capitals

Address in capitals

Postcode

wish Frontiers to treat as Gift Aid donations all gifts I have made in the four calendar years prior to and in this year and all donations I make from the date of this declaration until I notify you otherwise.

I understand that I need to pay enough UK income tax and/or capital gains tax in each tax year (to 5 April) to cover the amount of tax that Frontiers will reclaim on my giving. I note that Gift Aid cannot be claimed on donations made for the personal support of close family members. I will advise Frontiers if my tax situation changes and if there is any change in my name or address.

Signed _____ Date _____

PREFERENCE

Your gift will be used to raise up and support teams for the Muslim world unless you specify a project or person here:

Family relationship with any preferred beneficiary _____

Contact Details:

Tel.: _____ E-mail: _____

For Frontiers Use Only:

CMS No.

Notes