

Support us with regular payments

To the manager,	(Bank / Building Society's Name)
Bank Address:	
	Bank Post Code:

Please pay to:

Muslim Care
National Westminster Bank
Sort Code: 60-80-01
Account Number: 37 29 05 92

A sum of £_____ (in words) _____

monthly on the _____ day of each month and debit my account number: _____ accordingly.

Name:	
Address:	
	Post Code:
Signature	Date:

Make a one off donation

Name of charity: Muslim Care

Please treat

- The enclosed gift of £_____ as a Gift Aid donation; OR
- All gifts of money that I make today and in the future as Gift Aid donations; OR
- All gifts of money that I have made in the past four years and all future gifts of money that I make from the date of this declaration as Gift Aid donations.
- Please tick the appropriate box*

Name	
Address:	
	Post Code:
Signature	Date:

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Gift Aid declaration

I am a UK taxpayer and would like Muslim Care to reclaim tax on the donation I have made in the last four years and any future gifts I make.

Signed: _____ Date: _____