



Standing Order Mandate

To: (insert name and address of your bank):

Sort Code: / / Account No:

Please pay a regular gift of (tick appropriate box):

£2 £5 £10 £15 or other amount: £.....

each month to **Cats Protection Outer Aberdeen & District Branch:**

Barclays Bank plc, 2 Carfax, Horsham, West Sussex, RH12 1DN, Sort Code **20-42-58**, Account No. **30457086**

Please start payments on / / and continue each month until further notice.

Title (e.g. Mr/Mrs/Miss/Dr): Name:

Address:

Postcode: Email:

Phone: Mobile:

Signature: Date: / /

Tick the box to add an extra 25p to every £1 you give at no extra cost:

giftaid it

To qualify for Gift Aid, what you pay in income tax or capital gains tax must equal at least the amount that all charities you donate to will reclaim in the tax year (6th April to 5th April).

Please tick the box to enable us to treat all your donations in the last 4 years, and all your future donations, until further notice, as Gift Aid.

OR If you are not a UK Tax Payer please tick this box:

Cats Protection use only - Please quote payment reference:

Reg Charity 203644 (England and Wales) and SC037711 (Scotland) Please tick this box if you do not wish further communication from Cats Protection

Please return this form to N Baxter, 22 Broomhill Close, Kingseat, Newmachar AB21 0AH



Payment by Cheque

Title (e.g. Mr/Mrs/Miss/Dr): Name:

Address:

Postcode: Email:

Phone: Mobile:

I enclose a cheque/PO made payable to Cats Protection Outer Aberdeen Branch for the amount of £.....

Tick the box to add an extra 25p to every £1 you give at no extra cost:

giftaid it

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