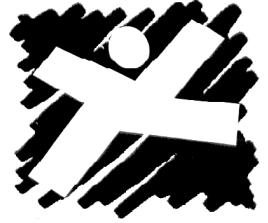


FRIENDS OF DYSPRAXIA FOUNDATION
MONTHLY STANDING ORDER FORM



Please complete and return form to the Dyspraxia Foundation, we will then forward this onto your bank.

To: The Manager _____ Bank PLC

Branch Address _____

_____ Post Code _____

Please pay to NatWest Bank, 12 High Street, HITCHIN, Herts, SG5 1YY

Dyspraxia Foundation Account No 17063701 Sort code 60-11-10

The Sum of £ _____ In words _____ Starting on the first day of (month) _____ 20____ and thereafter on the first day of each calendar month until further notice debiting such payments to my/our account.

Account No Sort Code

Account Name _____

Signed _____ Date _____

Print Name _____

Address _____

_____ Post Code _____

Thank you for your support

GIFT AID DECLARATION

I want to Gift Aid my donation to Dyspraxia Foundation and any future donations to them until I notify them otherwise. I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains tax in the current tax year than the amount of Gift Aid claimed on all of my donations in that tax year it is my responsibility to pay any difference. I will notify the charity if I: want to cancel this declaration, change my name or address or no longer pay sufficient tax on my income and/or Capital Gains.

Signed _____ **Date** _____

Office use only: Ref FODF/ _____