

I would like to help Martha Care Trust care for families caring for very sick children

## Standing Order Form

(Please complete & return to Martha Care at the address below or hand to the Martha Care rep)

<p><b>Your Details:</b></p> <p>Title.....Initial.....Surname.....</p> <p>Address.....</p> <p>.....</p> <p>Postcode.....Telephone No.....</p> <p>Email address.....</p>
<p><b>To The Manager:</b></p> <p>(Name of Bank).....</p> <p>At (Your bank's address).....</p> <p>.....</p> <p>Postcode.....</p> <p>Name of account holder(s).....</p> <p>Bank Sort Code...../...../..... Bank Account No.....</p>
<p>Please pay Martha Care Trust    £10 <input type="checkbox"/>    £20 <input type="checkbox"/>    £50 <input type="checkbox"/>    or £ _____</p> <p>I wish to pay monthly on the ..... (date of the month)</p> <p>I would like my first payment to be deducted during the month of .....2008</p>

### Payments to be made to:

*Martha Care Trust, CAF account number 00015822, Sort Code 40-52-40  
CAF BANK Ltd, 25 Kings Hill Avenue, Kings Hill, West Malling, Kent, ME19 4JQ*

### Gift Aid

I would like Martha Care Trust to treat all donations as gift aid donations (until I notify you otherwise). Please tick to confirm you are a UK tax payer

Signature.....Date .....

**Thank you for your support, it is very much appreciated.**

Registered Charity Number: 1119249  
44 Norbins Road  
Glastonbury  
BA6 2JF  
01458 833323