



Standing Order Form

I would like to support CORE with a regular gift

I want to make a

monthly quarterly annual donation of:

£100 £75 £50 £25 £15 Other amount £

Beginning: ___ / ___ / ___

Account No:

Branch Sort Code:

Name and full postal address of your bank/building society:

.....
.....Post Code.....

Signature: Date:

For Bank use only:

Please pay the amount indicated on the date specified from the account detailed above to:
Core. Account No. 31038980 Sort Code: 60-40-02 National Westminster Bank plc PO Box
4NU, 1 Cavendish Square, London, W1A 4NU. Please quote ref: _____

giftaid it

YES Please treat all donations I make to CORE from this date forward as Gift Aid donations. I confirm I am a UK tax payer and I pay an amount of UK income or capital gains tax at least equal to the tax that CORE will reclaim on my donations in the tax year. Please remember to notify us if your circumstances change and you no longer pay an amount of tax equal to the tax that CORE reclaims.

Please return this form to Core:
FREEPOST LON4268 LONDON NW1 0YT

Core is the working name of the Digestive Disorders Foundation Charity (Reg No 262762)
(tel) 020 7486 0341 (fax) 020 7224 2012
www.corecharity.org.uk

Website