

## **Mark Benevolent Fund**

(Founded 1868)

TELEPHONE: 01929 555280 MOBILE: 07770686982 E-MAIL: spquant1@aol.com REGULAR GIVING

Return to: Stephen Quant 10 St Michael's Road Wareham BH20 4QU

A regular gift is a convenient way to pay. If you wish to pay by this method, please complete the form below to notify us of your gift and then send to your bank the attached "Bank Standing Order Mandate". Please send both sheets to the addressee who will fill in your MMH Membership Number as a Reference and then I will forward this Form to Mark Masons Hall and the second form to your bank.

Name:		
Address:		
Postcode:		
Lodge Name & No:		
MMH Membership No:	Date:	
I wish the contribution to commence on /  All payments to be credited to the 157 <sup>th</sup> Mark Be		ordshire.
Charity Gift Aid Declaration – multiple donation	_[	
Boost your donation by 25p of Gift Aid for every £1 you donate ift Aid is reclaimed by the charity from the tax you pay for the current tax year. Your address is eeded to identify you as a current UK taxpayer.		
order to Gift Aid your donation you must tick the box below:	Please notify the charity if you:	
I want to Gift Aid my donation of £ and any donations I make in the future or have made in the past 4 years to:	want to cancel this declaration     change your name or home address	
ame of Charity Mark Benevolent Fund	no longer pay sufficient tax on your income an	d/or capital gains
am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than ne amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any ifference.	If you pay Income Tax at the higher or additional adue to you, you must include all your Gift Aid don: HM Revenue and Customs to adjust your tax cod	ations on your Self-Assessment tax return or ask

## Bank Standing Order Mandate (This section will be sent to your Bank)

Name and Address of Your Bank	Account Number	Sort Code

Please pay to: The Mark Benevolent Fund No 2 Account

60225892	82-12-08

Reference: MMH Membership No: (mand	atory)	
The sum of £ to commence on (date)	/ / 20	
and monthly* / quarterly* / yearly * thereafter until further notice *delete as appropriate		
or end date of / 20		
Signature:	Address	
Name:		
Date:		

PLEASE ASK YOUR BANK TO USE YOUR NAME AND MMH MEMBERSHIP NUMBER AS A REFERENCE OTHERWISE YOUR DONATION MAY NOT BE CREDITED TO YOUR ACCOUNT