



C.A.F. Standing Order Instruction

TO BE COMPLETED BY THE DONOR

Name

Address

Postcode CAF Charity Account number

Please make the following payment on my behalf to (minimum £5)

The Karuna Trust
72 Holloway Road, London, N7 8JG

Frequency: Monthly Quarterly Half-Yearly Annually

Either exact sum (gross) OR sum stated + tax (net) (see note 3 below)

£ £

Starting From / / Until (Or until Further Notice) / /

Reference number or message (if required)

This replaces an existing instruction This is an additional instruction
This is an anonymous donation (Tick as appropriate)

- NB
1 The minimum gift by standing order is £5. Gifts for lesser sums can be made by 'charity cheque'.
2 Payment will, where possible, be made direct to the charity's bank account under advice. The advice will include your name (or ANON) and optionally a reference number or message.
3 Your gift can be paid either as an exact amount or you can request that the tax element be added, giving extra value to the charity. Please complete the appropriate box above.
4 If you do not state a date of payment, the gift will be made as soon as there are sufficient funds in your account.
5 Accounts may not be used to make payments in respect of goods or services and if funded by Give As You Earn donations cannot be made to charities based overseas or to pay for membership subscriptions.

Signature Date / /

PLEASE FORWARD TO YOUR CHOSEN CHARITY (should you wish to remain anonymous please send this form to CAF, 25 Kings Hill Avenue, Kings Hill, West Malling, Kent ME19 4TA)

To Be Completed By The Charity

Name of Charity: **The Karuna Trust** Address: **72 Holloway Road, London**
Postcode: **N7 8JG** Telephone number: **020 7700 3434**
Bank/building society: **Clydesdale Bank** Branch name: **Lombard St**
Sort code: **82 24 03** Account number: **70287424**
Charity Commission/Inland Revenue number: **327461/XN73787**

Reference Number / Details

I confirm that these funds, when received, will be assigned as a gift and not in return for goods, services, school fees, discharge of debts or as a payment, or part payment, under the Gift Aid scheme.

Name Job Title

Signature Date / /

NB. Donors may amend or cancel this and any other subsequent payment instruction without further reference to the charity. Any queries should be directed to the donor. Please forward the completed form to CAF, 25 Kings Hill Avenue, Kings Hill, West Malling, Kent

For CAF use only

Date rec'd Approved Return to

CN 2xSI Val Prep Proc Ref no