Islamic Association of Lincoln # DONATION FORM

Name: _____**Address:**_____

_____**Post Code:**_____

Phone:_____ **Email:** _____

SINGLE DONATIONS
I would like to donate:

☐ **£100**   ☐ **£50**   ☐ **£30**   ☐ **£15**   ☐ **£10**   or £_____

☐ I enclose a cheque/postal order made payable to **Islamic Association of Lincoln**

Card Number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiry Date ☐☐/☐☐   Valid From ☐☐/☐☐

STANDING ORDER MANDATE
I would like to make MONTHLY donations of:

☐**£100**   ☐ **£50**   ☐ **£30**   ☐ **£15**   ☐ **£10**   or £_____

☐ Please charge each month & debit my account starting on (date) _____

A/c No. ☐☐☐☐☐☐☐☐   Sort Code ☐☐-☐☐-☐☐

Name of the A/C holder _____

To Manager (Bank Name & Address) _____

_____ Post Code_____

Please pay: **Islamic Association of Lincoln**, A/C: **23612740** S/C: **20-50-21**

Signature_____ **Date** _____

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giftaid it   ☐ I am a UK tax payer and I would like the IAL to reclaim all donations I
                have made up to four years prior to this tax year and all donations I make
from the date provided, until I notify you otherwise, as Gift Aid donations.

Signature_____ **Date** _____