**SALTSHAKERS DONATION FORM**

Please fill out this form:

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AND SEND TO: Saltshakers, PO BOX 2215, ILFORD, ESSEX IG1 9TR**

1. **ONE-OFF PAYMENT**

I wish to give \_\_\_\_ to the ministry of Saltshakers.

\_\_ My cheque made out to **Saltshakers** is enclosed.

\_\_ I wish to pay by credit/debit card

(Visa, Mastercard, Visa Debit, Mastercard Debit, Maestro, Solo)

Card no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Security number (3 digits) \_\_\_

Expiry date: \_\_ / \_\_ Issue No: \_\_ Start date: \_\_ / \_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

1. **RECURRING PAYMENT (Standing Order)**

Standing Order Form (enter your Bank details here)

To: The Manager,

Bank Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SORT CODE: \_\_ \_\_ \_\_ ACCOUNT NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ACCOUNT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I wish to pay to Saltshakers, Account Number 71387324 at HSBC**

**74 High St, Barkingside, Ilford, Essex IG6 2DN (Sort code: 40 09 07)**

Please pay the the sum of £\_\_\_\_ every month, starting from: \_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

**Saltshakers: PO BOX 2215, ILFORD, Essex IG1 9TR: Phone 020 8551 1719 :** **steve@saltshakers.com**