

SEVEN SPIKES RELIEF FOUNDATION

Donations@sevenspikesrelief.org.uk

Contact Details

Title	Forename	Surname
House No/Name	Street Name	
Town/City		Post Code
Telephone/Mobile		Email

Donation Details

Please specify the amount of your total donation you wish to allocate for Zakah, Sadaqah, Lillah and/ or others

*Most Needy	*Most Needy	£	£	£	£
		£	£	£	£
		£	£	£	£
		£	£	£	£
*Allows Seven Spikes Relief to distribute to the most needy country/project at the time				Grand Total	£

Bank Account Details

Beneficiary Details:

Lloyds Bank PLC.

180-182 High St., Walthamstow, London, E17 7JH

Seven Spikes Relief | Sort code: 30-99-08 | A/C Number: 22366768

Donor's Sort Code

Account Number

Bank Name

[illegible]

(Please tick ONE box)

Weekly ☐ Monthly ☐ Annually ☐ ☐

Amount of my regular payment: £

Amount in words:

Start My Standing Order dd/mm/yyyy

For How Long

dd/mm/yyyy

* Start Date

Until Further Notice

Or EndDate

Signed

Print Name

Date _____

dd/mm/yyyy

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Please gift aid all qualifying donations I make to Seven Spikes Relief Foundation.
Reg Ch. No. 1170486. I confirm that I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year that is equal to or more than the amount of tax that all the charities or Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 25p of tax on every £1 that I have given in the last 4 years. I may cancel this Gift Aid retrospectively within 30 days.

Signed

Date _____

STAFF USE ONLY

* Start date should be at least four weeks from the date you post the form to us.

GDPR AND DATA PROTECTION ACT 1998

The information provided by you will be kept strictly confidential. Seven Spikes Relief will only use this data in connection with its charitable purposes.