



MONTHLY STANDING ORDER

To the Manager (name of bank)

Branch Address

.....Post Code

Please pay to: Co-operative Bank plc, 1 Balloon Street, Manchester, M60 4EP

For the credit of Account No: 50015469. Sort Code 08-90-00 – Disabled Living

The sum of £..... Amount in words

On (date) and thereafter on the (date)of each month until further notice. Name(please print)

Address

.....

Post code Your Bank Account Name.....

Your Bank Account Number Sort Code.....

SignatureDate

Disabled Living, 4 St Chad's Street, Cheetham, Manchester, M8 8QA Tel: 08707 601 580

Registered Charity Number 224742

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Gift Aid Declaration

Yes, I would like you to reclaim tax on all my donations to Disabled Living. I confirm that I am a UK income tax or capital gains taxpayer and the amount of tax I pay exceeds the amount I would like Disabled Living to claim.

Print Name _____

Signed _____ Date _____