## Standing Order Form - Sponsor a nurse

When you have completed this form, please return it to: SIFT, 1 Harepath Road, Seaton, Devon, EX12 2RP



our details:				
Name:				
Address:			Posto	
Email:			1 0300	
Bank name:				
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tanding Order de	tails:			
_	e pay to <b>SIFT</b> at Lloyds Bank,	The Square, Se	aton, Devon, EX1	2 2QH
	name: <b>SIFT - Medical</b> Sort co	•		
Amount in words:				
On (date of first pa	yment):			
Please continue to	pay this amount:	Monthly	Quarterly	,
Signed:				
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ift Aid declaratio	n – make your gift go	further!		
	Ill donations I make to SIFT of SIFT o	on or after the	date of this	giftaid it
	understand that if I pay less Income tions in that tax year it is my respo on every £1 that I give.	•		
Signed:			Date:	
Please notify SIFT if yo	u want to cancel this declaration, if	you change your n	<b></b> ame or home address	s, or if you no longer
pay sufficient tax on yo	ur income and/or capital gains.			
taying in touch w	ith SIFT			
Please tick the app	ropriate boxes to indicate ho	ow you would li	ke to receive the	following publicati
SIFT Insight an	d occasional brochures	Email	Post	No thanks
Monthly SIFT P	rayer and News sheet	Email	Post	No thanks
	oout projects that I support	Email	Post	No thanks
	nurse sponsorship updates)		No. de . 1	_
Otner occasion	nal information by email	Yes	No thank	5
	r phone number if you are h		tacted	
in this way. We wil	I not use this for marketing p	ourposes.		

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