**S2 Food Bank-Donation Form**

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| --- | --- |
| **Name or Organisation:** |  |
| **Address including postcode:** |  |
| **Email address:** |  |
| **Telephone number: (landline or mobile)** |  |
| **Amount of donation** | **£** |
| **I would like this donation to be (please tick):** | * **A one-off donation (cheque) please see details below □** * **A one-off donation (bank transfer)-please see details below □** * **A one-off donation (pay pal)** * **A regular donation**   + **Weekly □**   + **Monthly □**   + **Quarterly □**   + **Yearly □** |
| **Are you able to Gift Aid your donation? Yes □ No □**  *Gift Aid statement: I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.*  **Please sign here: Date:** | |
| **Account name: S2 Food Poverty Network**  **Bank: The Co-operative Bank**  **Sort code: 08-92-99**  **Account number: 65702615** | |
| ***Please return this completed form by email:***  [**admin@s2foodbank.org.uk**](mailto:admin@s2foodbank.org.uk)  ***or post: C/O Simon Loveitt (Treasurer),* St. Aidan’s Church, 2 Manor Lane, Sheffield. S2 1UF** | |

*Thank you in advance for your kind donation*