

DONATION FORM

	Reference No.
FIRST NAME	SURNAME
ADDRESS	
POST CODE	
MOBILE NO	EMAIL
GENERAL DONATION	OTHER DONATIONS (Please Specify)
Make your gift w	worth more with Gift Aid (Please Tick and Sign) giftaid it
	er. I want The Cambridge Mosque Trust to treat all gifts of money that I have made in the past uture gifts of money that I make from the date of this declaration, as Gift Aid donations.
	I pay less Income Tax and/or Capital Gains Tax then the amount of Gift Aid claimed on all my x year is my responsibility to pay any difference.
DATE	SIGNATURE
	STANDING ORDER
TO THE BANK MAN	AGER, Reference No.
PLEASE PAY	EVERY MONTH QUARTER YEAR
STARTING	UNTIL OR FURTHER NOTICE
TO THE BENEFIT OF THE CAMBRIDGE MOSQUE TRUST , HSBC, 63-64 ST ANDREW'S STREET, CAMBRIDGE, CB2 3BZ. SORT CODE 40-16-08 ACCOUNT NO. 54298209	
BANK NAME	
BRANCH ADDRESS	
ACCOUNT NO	
SIGNATURE	DATE

PLEASE RETURN YOUR COMPLETED FORM TO:
THE CAMBRIDGE MOSQUE TRUST - CAMBRIDGE CENTRAL MOSQUE
309-313 MILL ROAD, CAMBRIDGE, CBI 3DF
(REGISTERED UK CHARITY NO. 1164931)

