	Name of your bank
_	Branch address
anage	Town/City Postcode
Instruction to your bank manager	Sort code: 5 6 - 0 0 - 4 2 Account number: 3 4 4 3 1 8 2 9
our b	The sum of: £3 £10 £25 Other
to y	On the: Each: Week Month Year
ctior	Until further notice and debit my account accordingly.
stru	Name of account to be debited:
드	Sort code: Account number:
	Signature(s) Date
10	Title First name Last name
etail	Home address
Your details	Town/city Postcode
%	Email address
	Email and Post Email Post
1	
	Tick to boost your donation by 25p of Gift Aid for every £1 you donate. I want to Gift Aid my donation and any donations I make in the future or have made in the past four years. 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.

Data protection

'Carmarthen Foodbank is committed to protecting your privacy and will process your personal data in accordance with current Data Protection legislation. Carmarthen Foodbank collects information to keep in touch with you and supply you with information relating to our work. To unsubscribe from our newsletter, send a message to the email address above with the word unsubscribe in the subject line. A full data privacy statement for financial donors is available from the foodbank on request.'