



HAVEN DISTRIBUTION
Books to Prisoners
www.havendistribution.org.uk

STANDING ORDER

Title:
Forenames:
Surname:
Address:

Post code:
Telephone:
Email:

To the manager

bank or building society name:

Bank address:

Post code:
Account number:
Sort code:

Please pay on the _____ day of _____ (month) the sum of £_____ and
monthly/quarterly/annually (please delete as appropriate) until further notice
to:

CAF Bank Ltd, West Malling, Kent, ME19 4TA

Account name: Haven Distribution

Sort code: 40-52-40

Account: 00010294

**Please sign this declaration if you would like Haven to reclaim tax on your
donation:**

Gift Aid Declaration

I wish Haven Distribution to reclaim tax on all my donations from 06 April 2000

Signature:

Date:

The person who signs this form must be the person making the donation

Please return this form to Haven Distribution, 27 Old Gloucester St, London, WC1N 3XX