



## MONTHLY DONATION FORM

FULL NAME.....

.....

ADDRESS.....

.....

.....

Postcode.....

E-mail.....

Telephone.....

**Please claim *Gift Aid* on my donation**

**To: The Manager:**

**Your Bank Name.....Branch.....**

**Please pay to : The Buturi Project**

Acc. No:.....Sort Code.....

The sum of .....(in words).....

Commencing ...../...../.....continuing monthly until further notice.

**Account to be debited:**

Account Name.....

Account Number.....

Sort Code.....

Signature(s).....

Print Name(s)..... Date:.....

**This standing order mandate supersedes all previous  
standing orders to the Buturi Project.**