



Mark Benevolent Fund

(Founded 1868)

TELEPHONE: 020 7747 1171
FAX NO: 020 7930 9750
E-MAIL: l.read@mmh.org.uk

MARK MASONS' HALL
86, ST. JAMES'S STREET
LONDON SW1A 1PL

REGULAR GIVING

Regular Giving to The Mark Benevolent Fund.

A regular gift is a convenient way to pay. If you wish to pay by this method, please complete the form below to notify us of your gift and then send to your bank the attached "Bank Standing Order Mandate". **You must write your MMH Membership Number as a Reference.** If you are not sure, you can find this on your Annual Return or you can telephone us at Mark Masons' Hall.

Name:
Address:
Postcode:
Lodge Name & No:
MMH Membership No:

I pledge £..... per month* / quarter* / year * for a period of years.

I wish the contribution to commence on

I would like all payments to be credited to the 20..... Festival. Please state Festival Year of your choice, if no preference given it will be allocated to the current year's festival.

*I wish to claim Gift Aid on my donation and am a UK taxpayer. I 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 year, it is my responsibility to pay any differences.

** I am not a UK taxpayer.

Please notify the MBF if you want to cancel this declaration. Change your name or home address OR no longer pay sufficient tax on your income and/or capital gains. If you pay income tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your gift aid donations on your self-assessment tax return or ask HM Revenue and Customs to adjust your tax code. I understand the charity will reclaim 25p of tax on every £1 that I have given.

Signature:

Date:

*delete as appropriate



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Bank Standing Order Mandate

(Please send this section to your Bank)

Name and Address of Bank	Account Number	Sort Code

Please pay to: The Mark Benevolent Fund
No 2 Account

Name and Address of Bank	Account Number	Sort Code
Clydesdale Bank PLC	60225892	82-12-08
35 Regent Street		
London SW1Y 4ND		

Reference: MMH Membership No:
(mandatory)

The sum of £..... to commence on (date) / / 20.....

monthly* / quarterly* / yearly * thereafter until further notice or end date of

.....

Signature:	Address
Name:	
Date:	
MMH Ref No:	

**PLEASE ASK YOUR BANK TO USE YOUR NAME
AND MMH MEMBERSHIP NUMBER AS A
REFERENCE OTHERWISE YOUR DONATION
MAY NOT BE CREDITED TO YOUR ACCOUNT**