



# Grand Conclave of the Order of the Secret Monitor or Brotherhood of David and Jonathan in the British Isles and its Districts and Conclaves Overseas

TELEPHONE: 020 7839 5274  
FAX NO: 020 7930 9750  
EMAIL: grandrecorder@mmh.org.uk

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

## REGULAR GIVING

Regular Giving to The Order of the Secret Monitor Fund of Benevolence.

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 No:	
MMH Membership No:	Date:

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

I wish the contribution to commence on ..... / ..... / 20.....

**I would like all payments to be credited to the Order of the Secret Monitor Fund of Benevolence.**

\*I wish all donations I make to The OSM Benevolent Fund as a result of this pledge or otherwise to be treated as Gift Aid Donations.

I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for the current tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities and Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for the current tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 25p of tax on every £1 that I have given.

Signature: .....

Date: .....

\*delete as appropriate

**Bank Standing Order Mandate** (Please send this portion to your Bank)

Name and Address of Bank	Account Number	Sort Code

Please pay to: Order of Secret Monitor Benevolent Fund No: 2

Name and Address of Bank	Account Number	Sort Code
Clydesdale Bank PLC	90020461	82-12-08
35 Regent Street		
London SW1Y 4ND		

Reference: MMH Membership No: (mandatory)

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

\*delete as appropriate