

Standing Order Form

Name & Address

Title: Mr / Mrs / Miss / Ms / Other.....

Full Name:

Address:

..... Post Code:

Home Tel No:

Email:

Bank Details

Bank Name:

Bank Address:

..... Post Code:

Account Name:

Account Number: Sort Code: - -

Payment Details

Amount of Payment: £..... Amount in Words:

Starting Date: Date of Last Payment:

Frequency: Monthly Quarterly Six Monthly Annually Other:

Signed: **Date:**

My Gift Aid Declaration

In order to Gift Aid your donation, you must tick one of the boxes below:

I want to Gift Aid my donation of £ _____ and any donations I make in the future or have made in the past 4 years:

To: Weston Park Hospital Development Fund Limited

A Registered Charity Number 509803

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax in the current tax year than the amount of Gift Aid claimed on all my donations it is my responsibility to pay any difference. I understand the charity will reclaim 25p of tax on every £1 that I donate.

Signed: **Today's Date:**

Please notify the charity if you:

- a) Want to cancel this declaration;
- b) Change your name or home address; or
- c) No longer pay sufficient tax on your income and/or capital gains.

Please note: 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.