

Standing order form

PLEASE COMPLETE ALL SECTIONS IN CAPITAL LETTERS

RCN. 1057266

My contact details

Full Name

Address

Telephone

Email

My donation

Amount

£

each; month/quarter/annually (delete as appropriate)

Date of first payment

Without imposing any trust, I wish my donation to benefit:

My bank details

Account name

Account number

| | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

Sort code

| | | | | | | | |
|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | - | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|

Bank name

Bank address

Signature

Today's Date

Gift Aid declaration

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Boost your donation by 25p of Gift Aid for every £1 you donate by ticking the below declaration.

I would like Southend Hospital Charity to claim gift aid on my above donation and any donations I make in the future or have made in the past 4 years. I am a UK tax payer and understand that if I pay less 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.

Please return to:

Southend Hospital Charity, The Lodge, Prittlewell Chase, Westcliff-on-Sea, Essex, SS0 0RY