

# Standing order form



PLEASE COMPLETE ALL SECTIONS IN CAPITAL LETTERS

## My contact details

Full Name

Address

Telephone

Email

## My donation

Amount

£

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

Date of first payment

I wish the above donation to benefit the current Keyhole Cancer appeal and understand that once this appeal closes I will be notified. If I choose to continue with this standing order it will automatically benefit the next Southend Hospital Charitable Foundation appeal.

## 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"/>
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Sort code

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
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Bank name

Bank address

Signature

Today's Date

## Gift Aid declaration

*giftaid it*

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

I would like Southend Hospital Charitable Foundation 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 Charitable Foundation, The Lodge, Prittlewell Chase, Westcliff-on-Sea, Essex, SS0 0RY