

FOYLE HOSPICE

STANDING ORDER FORM

Please Print Form, Complete, Sign, Date and Return to:

Foyle Hospice Fundraising Dept., 61 Culmore Road, BT48 8JE

Your Bank Details:

To the Manager: _____ Bank

(Address): _____
_____ Postcode _____

Please pay Foyle Hospice via Danske Bank, 6 Shipquay Place, Derry/Londonderry BT48 6DF
Acct No. 00002046 (95-06-76) the sum of:

£ _____ per month / quarter / year * (delete as appropriate)

Starting on: _____ 20 _____

Account No _____ Sort Code _____

Signature (1) _____ Date _____

Your Personal Details:

Title: Mr/Mrs/Miss/Ms*(please state) _____

First Name: _____ Surname: _____

Address: _____

_____ Postcode _____

Tel No: _____ Email Address: _____

Gift Aid Declaration

If you are a UK taxpayer we can, through the Government's Gift Aid Scheme, reclaim the tax on any donations you make allowing us to increase the value of each donation by 25p for every pound you give.

Tick here if Foyle Hospice may reclaim tax on your donations

"I am a UK tax payer and would like Foyle Hospice to treat this donation and all donations I make in the future as Gift Aid donations, until I notify you otherwise. I understand that I must have paid Sufficient income tax or capital gains tax during the relevant tax year to cover the amount Foyle Hospice reclaims on my donation."

Signed _____ Date: _____