



Regular Giving Form

Thank you for supporting the work of **Thames Hospicecare**

Please print out this form and send the completed form to:
Thames Hospicecare, Pine Lodge, Hatch Lane, Windsor, SL4 3RW
It would help us if you could print your details

About you

This information is used for our records and for payment purposes.

Title (please delete): Mr / Mrs / Miss / Ms / Other (specify)

First name:

Surname:

Address:

Post code:

Email address:

Telephone number:

Regular Giving – please pay Thames Hospicecare the sum of

£

Starting on the 1st or 15th of month year
 and afterwards on the same day monthly quarterly six monthly annually - until further notice

Instructions to your Bank or Building Society for regular giving

Name of account holder(s)

Originator's ID

Bank or Building Society account number
 Branch Sort Code

Name and address of your Bank or Building Society

To the Manager	Name of Bank of Building Society
Address	
Post Code	

Instruction to your Bank or Building Society

I wish to support the work of Thames Hospicecare. Please pay Thames Hospicecare No 2 Account via CAF Bank Ltd, Account No 00012957 – Sort code 40-52-40 in accordance with my directions on this form until further notice.

Signature **X**

Date

Bank or Building Societies may not accept Standing Order instructions for some accounts

Gift Aid Declaration

If you are a UK tax payer and would like us to treat your donations as Gift Aid payments, enabling us to claim a further 28p in every pound, (with no further additional cost to you) please indicate below:
You must pay an amount of income tax and/or capital gains tax at least equal to the tax that the charity reclaims on your donation in the tax year

I want Thames Hospicecare to treat all donations I have made since 6 April 2000 as **Gift Aid** and all other donations I make from the date of this declaration until I notify you otherwise. I confirm that I am a taxpayer.

Signature: Date:

We would like to keep you informed about our fundraising activities and **Thames Hospicecare**, if you do not wish to receive this information please let us know by ticking this box
 Should you wish for your details not to be passed onto a third party for fundraising purposes, please tick this box
If you would like to receive a monthly newsletter by email please tick this box

For office use only

Cheque	Cash	Postal Order	Noted By	Recorded By	Journal Number
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