



# Woodlands Hospice Charitable Trust

Reg Charity No. 1048934

## Standing Order Form

### 1. Your Gift:

Please pay Woodlands Hospice £ \_\_\_\_\_ monthly / quarterly / 6 monthly/ annually,  
(please circle as appropriate)

starting on (date) \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_ until further notice. (please choose a start date with at least one month from now)

Signature \_\_\_\_\_ Date \_\_\_\_\_

### 2. Gift Aid

Boost your donation by 25p of Gift Aid for every £1 you donate. Gift Aid is reclaimed by the charity from the tax you pay for the current tax year. To identify you as a current UK taxpayer and claim the gift aid we will need your full name, address and postcode. In order to Gift aid your donation/s you must tick all boxes which apply to you below:

**Please tick the box which applies.**

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

I want to Gift Aid my donation of £ .....

I am a UK taxpayer and understand that if I pay less income tax and/or capital gains tax than the amount of gift aid claimed on all my donations in that tax year, then it is my responsibility to pay any difference.

Please notify us on 0151 529 2630 if you want to cancel this declaration or change your name and/or home address, or no longer pay sufficient tax on your income and/or capital gains.

### 3. Your Details:

Full Name _____ Address _____ Postcode _____	Home ☎ _____ Mobile ☎ _____ Email _____
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### 4. Bank Details:

To (name of your bank) _____ <b>BANK PLC</b>	<b>Payable to: NATIONAL WESTMINSTER</b>											
At (your bank address) _____ Post Code _____	(sort code 53-70-21) <b>To the credit of Woodlands Hospice</b> (a/c no. 60563559)											
Your Bank Sort Code <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>							<b>OFFICE USE Bank quoting Ref:</b> _____ <b>(Bank – please show Ref No. as above</b>					
Your Bank Acct No <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>												

**DO NOT RETURN THIS FORM TO THE BANK**

Please print out and post to: Woodlands Hospice Charitable Trust, AUH Campus Longmoor Lane Liverpool L9 7LA  
Thank you.