

Bankers Order Form (for regular donations only)

Salisbury Hospice Care Trust, Registered Charity No: 1123314

To the Manager: (name of your bank)	From: (your name)
Bank Address:	Address:

Pay to: NatWest, 48 Blue Boar Row, Salisbury SP1 1DF Account No: 47152680
For: Salisbury Hospice Care Trust Sort Code: 54-41-19

On the _____ (date of 1st payment) and thereafter annually/monthly*
on _____ (date) the sum of £ _____

Initials:	Surname:
Number: (completed by Trust)	
Please Debit My Account Number:	My Sort Code:

Signature: _____ Date: _____

* please delete as appropriate

For Bank Only: this order replaces order dated: _____ (completed by Trust)

GiftAid Declaration Form

Salisbury Hospice Care Trust, Registered Charity No: 1123314

If you are a UK Taxpayer - please complete in BLOCK CAPITALS

Title:	Name:	Surname:
Address:		
Postcode:		
Tele:	Email:	

I confirm that I am* making a donation of £ _____ on _____ (date) to Salisbury Hospice Care Trust, I want this to be treated as a Gift Aid donation. Please treat any donations I have made since 6 April 2000 and all future donations that I make to Salisbury Hospice Care Trust, until I notify you otherwise, as GiftAid donations.

Signature: _____ Date of Declaration: _____

* please delete as appropriate

Please remember to notify us if you no longer pay an amount of income tax or capital gains tax equal to the tax we re-claim on your donations.

Once completed please send this form to:
Salisbury Hospice Care Trust, Salisbury District Hospital, SALISBURY SP2 8BJ