

The French Hospital Standing Order Form



Title: _____ Forename: _____ Surname: _____

Home Address: _____

Postcode: _____ Telephone: _____ Email Address: _____

I would like to give: Monthly Quarterly Annually
£5 £10 £15 £25 Other Amount

You may choose to use your internet banking to set up a regular Standing Order for the amount of your choice. If you choose to set up your Standing Order in this way, please return the top portion of this form to inform us of your donation and any eligibility for Gift Aid.

Yes, I have set up this standing order through my internet banking

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Gift Aid makes every £1 you give to The French Hospital worth at least £1.25

I am an UK taxpayer and want The French Hospital to reclaim the tax on all qualifying donations I have made, as well as any future donations until I notify you otherwise, as Gift Aid donations. I understand that I must have paid an amount of income tax or capital gains tax equal to the tax you reclaim on my donations. Other taxes such as Council Tax and VAT do not count.

Signature

Date

Instruction to your Bank or Building Society

Name and full postal address of your Bank or Building Society

To: <i>The Manager</i>	Bank/Building Society:
Branch Address:	Post Code:

Full Name(s) of Account Holder(s)

Your Branch Sort Code: - -

Your Bank/Building Society account number

Please quote reference:

Please pay Account Name: **The French Hospital**

Bank Address: **Lloyds Bank, 18 Week Street, Maidstone, Kent ME14 1RW**

Bank Sort Code: **30-95-37**

Bank Account Number: **313 229 68**

Please pay The French Hospital £_____ every month/quarter/year starting ____/____/20____

Signature

Date

Once complete, please send this form to:

Vanessa Weddell, The French Hospital, 41 La Providence, Rochester, Kent ME1 1NB