



St. DAVID'S FOUNDATION HOSPICE CARE
CAMBRIAN HOUSE · ST. JOHN'S ROAD
NEWPORT · NP19 8GR

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www.stdavidsfoundation.co.uk
enquiries@stdavidsfoundation.co.uk

STANDING ORDER FORM

Please complete this form to set up a standing order to St. David's Foundation Hospice Care

Title : _____	Name : _____
Address : _____	
_____	Postcode : _____
Tel : _____	eMail: _____

To The Manager (name and address of your bank)								
_____	Postcode : _____							
Please pay St. David's Foundation Hospice Care the amount of £ _____ starting on ____/____/____ (dd/mm/yyyy) and until further notice.								
Monthly	<input type="checkbox"/>	Quarterly	<input type="checkbox"/>	Annually	<input type="checkbox"/>			
My Bank Account Number is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
My Bank Sort Code is	<input type="checkbox"/>	<input type="checkbox"/>	-	<input type="checkbox"/>	<input type="checkbox"/>	-	<input type="checkbox"/>	<input type="checkbox"/>
Signed : _____	Date : _____							
To: National Westminster Bank plc, St. David's Foundation Account. Account Number: 00168416 Sort Code: 56-00-59 Please quote _____ as a reference								

<p>Make your regular donation go even further! Making a Gift Aid declaration on behalf of St. David's Foundation Hospice Care means that for every pound you give us we can receive an extra 25p from the Inland Revenue, helping your donation go further. This means that every £10 donation we receive could potentially be turned into £12.50 at no extra cost to you – imagine what a difference that could make to us and our patients' lives.... <i>N.B. - you must have paid an amount of income and/or capital gains tax at least equal to the tax reclaimed</i></p> <p>I would like St. David's Foundation Hospice Care to treat : all donations I have made for the six years prior to this year (but no earlier than 06/04/2000) and all donations I make from the date of this declaration until I notify you otherwise, as Gift Aid donations. I confirm I am a UK taxpayer.</p> <p>Signed : _____ Date : _____</p>	<i>giftaid it</i>
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Please return this form to: Regular Giving, St. David's Foundation Hospice Care, Cambrian House, St. John's Road, Newport. NP19 8GR.

THANK YOU for helping us to *bring care home* to more than 2,600 patients every year by supporting our work

Registered Charity No. 1010576

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