



STANDING ORDER DONATION FORM

Use Gift Aid and you can make
your donation worth more

STANDING ORDER MANDATE

(Please return this to the Trust office still attached to the Gift Aid Declaration below)

Sort Code: _____ Account Name: _____

Account No: _____ Bank Name: _____

Bank Address: _____

Payment Details

Please pay to: National Westminster Bank plc (60-07-01) 49 South Street,
Dorchester, Dorset DT1 1DW for the credit of Joseph Weld & Trimar Hospice
and CancerCare Dorset (A/c No. 04634071)

Amount £ _____ (in figures) _____ (in words)

On _____ and thereafter on the same day each year for

a total of _____ year* or until further notice* (delete as appropriate)

Please debit my above account

NAME (Block capitals) _____

SIGNATURE: _____

GIFT AID DECLARATION FORM

*for use only by a donor paying an amount of Income Tax or Capital Gains Tax equal to the tax
deducted on this donation*

SURNAME: _____ TITLE: Mr/Mrs/Miss/Title: _____

FORENAMES: _____

ADDRESS: _____

POSTCODE: _____

- ◆ Please treat this donation and all future donations to Joseph Weld & Trimar Hospice and CancerCare Dorset (Registered Charity No. 1000414) as Gift Aid donations.
- ◆ I wish the charity to reclaim tax on my donations

SIGNED: _____ DATED: _____

*Please remember to notify us if you no longer pay an amount of income tax or capital gains tax equal to the tax we
reclaim on your donations (28p for every £1 you give) or if you change your name or address*