

## BANKER'S ORDER

Please return the completed form still attached to the Gift Aid Declaration to  
Weldmar Hospicecare Trust,  
Joseph Weld Hospice, Herringston Road, Dorchester, Dorset DT1 2SL

To the Manager

(Branch title and address of your bank)

Postcode

Please pay to NAT WEST PLC, (60-07-01) 49 South Street, Dorchester, Dorset for the credit of the  
Weldmar Hospicecare Trust (A/c No.04634071)

the sum of:

(Amount in words)

(Amount in figures)

Monthly commencing on and thereafter on the same day of each month for

years\* or until further notice\*

\* delete as appropriate

Please debit the following account

Number:

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

FORENAME(S):

ADDRESS:

POSTCODE:

- Please treat this donation and all donations I may choose to make in the future to WELDMAR HOSPICECARE TRUST (Reg Charity No. 1000414) as Gift Aid donations.
- I wish the charity to reclaim tax on my donations

SIGNED:

DATE:

*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 (25p for every £1 you give) or if you change your name or address*