

## BANKER'S ORDER

(please return this still attached to the Gift Aid Declaration to the Hospice)

To the Manager

(Branch title and address of your bank)

Postcode

Please pay to National Westminster Bank 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)

Quarterly on

and thereafter quarterly for a total of 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 make in the future to the WELDMAR HOSPICECARE TRUST (Registered 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*

**Please return to:**

Fundraising Office

Weldmar Hospicecare Trust

Herrington Road

Dorchester

Dorset DT1 2SL