

Individual Donation Form

Please fill in boxes 1 - 4 for all donations, as well as box 5 to donate by card and box 6 to donate by standing order

1 Personal details:

Full Name:

Address:

.....

..... Post Code

Telephone

Mobile

E-mail

Please don't forget to fill in boxes 3 and 4 below!

2 Your Gift:

I am donating cash totalling £.....

I am donating by cheque/voucher £.....
(Payable to 'Greenwich & Bexley Community Hospice')

I would like to donate by card
(Please also complete box 4 below)

I would like to donate regularly by Standing
Order (Please also complete box 5 below)

Name(s) to be used for acknowledgements:

.....

I don't require a receipt for this donation

3 Extra information: If your gift is in memory of someone, please let us know who. Or is there a story behind your fundraising?

.....

4 *giftaid it*

If you are a **UK Taxpayer** you can increase your gift to us by almost 30% by ticking circle A. It's that simple!

A "Yes. Gift Aid my donations to the Hospice in the last 4 years and all future donations until further notice"*

OR
B "No. I am not a UK tax payer, please do not Gift Aid my donations"

If your donation is from more than one person, we need each of you say whether we can Gift Aid your donations.

Can we also Gift Aid donations from the 2nd donor? (Same conditions as above) **A** Yes **B** No 2nd Donors Initials:

* You must pay an amount of UK Income Tax and/or Capital Gains Tax at least equal to the tax that the charity reclaims on your donations in the tax year (25p for every £1 donated). You may cancel this declaration at any time, and you must notify us if your tax-paying status changes.

5 Card details: Please debit my Credit/Debit/ card by £.....

Card Number: Last 3 digits on back of card:

Start date: / Expiration date: / Issue Number ('Switch' cards only):

6 Standing Order: Name and address of your bank:

.....

Your Sort Code: Your Account number:

I would like to donate: £10 £20 £50 £100 Other (£.....) Every: Month Quarter Year

Starting on: / / and continuing *until further notice* or until / /

Instruction to your bank manager:

(Office use only)

Please pay to Greenwich & Bexley Community Hospice (SC: 51-70-14, Acc: 39014940) using ref.....

This instruction replaces any other Standing Orders I am making to Greenwich and Bexley Community Hospice

Account holder: Signature: Date:/...../.....

We would like to update you occasionally about our work. Please tick this box if you DO NOT wish to receive any future communications

Office Use: Rec'd by Date Rec'd/...../..... Acknowledge? Y / N RE code

Receipt: Amount: £..... From: Date: Received by:

Thank you for supporting Greenwich & Bexley Community Hospice. You can reach us on info@gbch.org.uk or **020 8312 2244**

Greenwich & Bexley Community Hospice 185 Bostall Hill, Abbey Wood, London, SE2 0GB.

Registered Charity No. 1017406