

Regular Giving-Standing order form



Your Details

Title: _____ First Name: _____ Surname: _____
Address: _____
_____ Postcode: _____
Telephone Number: _____ Email: _____

Your bank details

Name of Bank / Building Society _____
Address: _____
_____ Postcode: _____
Account Name: _____
Sort code: _____ Account number: _____

Please pay the sum of £ _____ (write in words) _____

Payments to start on: _____ day of _____ 20 _____

Please pay the same amount on the same day of each month/ quarter /year (please delete) until further notice.

Please pay: Lloyds PLC Branch: 6 Lowther St, Cumbria CA3 8DB
For the credit of Hospice at Home Carlisle and North Lakeland Account:
Sort code 301628 Account No: 00685528

Print name: _____ Signature: _____ Date: _____

We will keep your details on our secure database so we can process your donation/gift aid claim. Visit www.hospiceathome.co.uk/privacy/ for further info. We'd love to keep in touch with you about the work of Hospice at Home Carlisle and North Lakeland and how your money makes a difference to local patients, their families and carers, as well as updating you on future events, volunteering opportunities and other general news.

- Yes please, I would like to hear from you by email
- To help the charity remain as cost effective as possible we would like to send all future thank you correspondence via email, rather than post. If you are happy to receive such emails please tick this box.

If you are a UK tax payer you could boost your donation by 25p for every £1 you donate. If you would like a Gift Aid declaration form sent to you, please tick this box

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