

Standing Order Form

Registered Charity No. 1051543



Please pay **Southampton Hospital Charity** the total sum of:

£.....(amount in figures)(amount in words)

each month/quarter/ half year/ year until further notice

Please circle preferred choice and initial

Please state here if you would like your donations to benefit a particular area:

Please debit my account starting on the

Please date at least one month from now

Your details:

Title.....Forename/Initials.....Surname.....

Address.....

Postcode..... Tel No. (Inc code).....

E-mail.....

Signature.....Date.....

Your Bank details:

Bank Name.....

Bank Address.....

Postcode..... Tel No. (Inc code).....

Name of Account Holder.....

Account Number..... Sort Code.....



Gift Aid increases your donation at no extra cost to you.

Please tick gift aid box []

I (details above) would like all donations I make to Southampton Hospital Charity Funds from 6 April 2000 to be treated as Gift Aid donations. I understand that I must be paying income tax or capital gains tax at least equal to the amount being claimed by the charity and that I can cancel this Gift Aid at any time by writing to the charity.

Please post to: Southampton Hospital Charity, FREEPOST RRUA-CSKX-JUB2, Mailpoint 135, Southampton General Hospital, Southampton. SO16 6YD. ***You do not need to use a stamp, but it will save the Charity money if you do.***
Telephone Number 023 8120 8881

Southampton Hospital Charity will not share your personal data with any third party, but it would like to keep you informed of its activities, events and appeals. If you do not wish to receive any information, please tick here []

Thank you for supporting Southampton Hospital Charity

For Bank Use Only: Please credit **Southampton Hospital Charity** Account No **13219472** Sort Code **56-00-68**
Natwest Bank, 12 High Street, Southampton, SO14 2BF

REFERENCE:.....