FOYLE HOSPICE STANDING ORDER FORM



Please print out, complete, sign, date and return to:

Foyle Hospice Fundraising Dept., 61 Culmore Road, BT48 8JE

To: The Manager	Pank nla
	Bank plc
,	Postcode
Please pay Foyle Hospice via Danske	Bank, 6 Shipquay Place Londonderry BT48 6DF
Account No. 50002046 (95-06-76) the sum of:	
£ per month / quarter / ye	ar * (delete as appropriate)
Starting on	20
Account No	Sort Code
Your surnameTitle	: Mr/Mrs/Miss/Ms* (please state) First Name
Address	
	Postcode
Tel NoEm	ail Address
Signature	Date
Our reference number	(FOR OFFICE USE ONLY)
Gift Aid Declaration	on – Make your donation worth more
If you are a UK taxpayer we can, throug	th the Government's Gift Aid scheme, reclaim the tax on increase the value of each donation by 25p for every pound
Tick here if Foyle Hospice may reclaim	tax on your donations
in the future as Gift Aid donations, until	vle Hospice to treat this donation and all donations I make I notify you otherwise. I understand that I must have paid a during the relevant tax year to cover the amount Foyle
Signed	Date