



GIFT AID DECLARATION FORM (for individuals)

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Name of Charity: SPRINGHILL HOSPICE (ROCHDALE) reg. charity 701798

Your details (*please print*): Title: Mr / Mrs / Miss / Ms / Dr/ (other).....

Forename(s): Surname:

Full Home Postal Address:

..... Post Code:

Tel: email:

*"I wish Springhill Hospice (Rochdale) to treat all donations I have made for the six years prior to this year, (but no earlier than 6/4/2000) **and** all donations I make from the date of this declaration until I notify you otherwise, as Gift Aid donations.*

This declaration is made on the understanding that I continue to pay Income Tax or Capital Gains Tax equal to the amount of tax deducted from my donations, and that I will notify Springhill Hospice if I cease to meet this requirement.

I also understand that I may cancel this declaration at any time either in writing or by telephone."

Signed: Dated:



SPRINGHILL HOSPICE (Reg. Charity No.701798)
Broad Lane, Rochdale OL16 4PZ

BANKERS ORDER FORM

To: The Manager Bank PLC

Address:.....

..... Post Code:

Please pay weekly / monthly / annually (*delete as appropriate*) until further notice the sum of £

..... (*amount in words*)

from my Bank Account No. Sort Code - -

commencing from:

to Springhill Hospice, Broad Lane, Rochdale, OL16 4PZ - Account No 13309295 - Sort Code 16-29-34

with the Royal Bank of Scotland, The Butts, Rochdale, OL16 1EY.

Signature : Dated:

Please Print Name:

Please return to the Finance Manager, Springhill Hospice, Broad Lane, Rochdale, OL16 4PZ