

I care.

To make a regular monthly donation to St Clare Hospice please complete and return the form below to us

Mr Mrs Miss Other: _____

Full name: _____

Address: _____

_____ Postcode: _____

Tel: _____ Email Address: _____

Payments by standing order

I wish to make a monthly donation of £5 £10 Other £ _____

Beginning on: / / and thereafter until further notice.

Signature: _____ Date: _____

Name of your bank: _____

Address of your bank: _____

_____ Postcode: _____

Name of Account Holder: _____

Sort Code:

Account Number:

Please pay to **St Clare Hospice, Barclays Bank plc,**
PO Box 12 Harlow CM20 1ET

Account number 40931047 Sort Code 20-36-98

the amount indicated above on the specified date and monthly thereafter until further notice.

We can increase the value of your donation by 28%
at no extra cost to you if you tick the declaration below:

giftaid it

I would like St Clare Hospice to claim tax on all donations I have made in the previous 6 years and all future donations. Please note that to be eligible for Gift Aid you must pay an amount of income tax or capital gains tax at least equal to the tax we claim back on your donations (25p for every £1 you give). Please let us know if your circumstances change.

For office use: Bank ref: _____

Once you have completed this form please post it back to us using the following address (You do not need a stamp)

FREEPOST RRLY-EZLX-YJLK, St. Clare Hospice, Stone Barton
Hastingwood HARLOW CM17 9JX