

Office Use only
Supporter Number



REGULAR GIVING FORM

Registered Charity No: 1082798 & 1115439

(Please print)

Title Forename Surname.....

Address

..... Post Code..... Telephone No.....

Email address

**Please place a tick in the box of the Hospice you would like to support and return to:
Woking Hospice, Hill View Road, Woking, Surrey GU22 7HW
(Please do not send directly to your Banker)**

Please note that this supersedes any previous standing order in favour of Woking Hospice or Sam Beare Hospice

Bank Name.....

Account Number: **Sort Code** --

Account Name:

Address of Bank:.....

..... **Post Code:**

Please pay:

Woking Hospice

Sam Beare Hospice

through Barclays Bank, PO Box 673, Town Gate House, Church Street East, Woking, Surrey GU21 1XW

The sum of £ each month/quarter/year commencing

Signature Date:/...../.....



If you are a UK tax payer, we can receive an extra 25p for every £1 you give – at no extra cost to you. You must pay an amount of income tax and/or capital gains tax that the charity claims in the tax year.

I would like Woking & Sam Beare Hospices to treat this donation as Gift aid and also all donation I have made for the four years prior to this year, and all donations that you make from this declaration until you notify us otherwise.

Signed Date / /

Data Protection

We would like to keep you informed of the work at our Hospices. If you would rather not receive our mailings please tick the box

Registered Charity Nos: Woking Hospice 1082798 Sam Beare Hospice 1115439