



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

SignatureDate:/...../.....



If you are a UK tax payer, we can receive an extra 28p 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