

Thank you for choosing to become a Partner in Care and making a regular donation to St Peter & St James. Please complete this form and return to: **St Peter & St James Hospice & Continuing Care Centre, North Common Road, North Chailey, Lewes, East Sussex. BN8 4ED**

To: (insert name of bank)

Address of branch:

..... Postcode:

Name of account holder:

Sort code: Account number:

Please pay to: Barclays Bank PLC, 77 South Road, Haywards Heath, West Sussex. RH16 4LB

For the credit of account 90766534 (St Peter & St James Charitable Trust) Sort code 20-49-76

The sum of £..... Amount in words On/...../ 200.....

And thereafter every month / quarter / six months / year * (* please delete as appropriate)

Until/...../ 20 or until I notify you otherwise *

Signed: Print name:

Gift Aid declaration

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If you are a UK tax payer, for every £1 you give we can claim an extra 28p from the Government, making your donation go even further. This means that £10 can be turned into £12.82 at no extra cost to you. To qualify for Gift Aid, what you pay in Income Tax or Capital Gains Tax in the tax year must at least equal the amount that we claim.

By signing this form I declare that I am a UK tax payer and pay an amount of Income Tax and/or Capital Gains Tax at least equal to the amount to be reclaimed on my donations in the tax year. Please treat this donation, any future donations, and all donations I have made in the six years prior to the date of this declaration as Gift Aid donations unless I notify you otherwise.

Title: Mr / Mrs / Miss / Other please state:* (* please delete as appropriate)


First Name: Surname:

Address:

.....

Post code: Telephone no:

Signed: Date:

 Please remember to notify us if you no longer pay an amount of Income Tax and/or Capital Gains Tax equal to the tax we reclaim on your donations. Please also let us know of any changes to your name or address.



THANK YOU!