

Make a regular gift

Securing our future

Title* _____ Forename(s)* _____

Surname* _____

Address* _____

Postcode* _____

Tel. _____ Email _____

Why I am making this donation _____

Please pay Hospiscare £ _____ Every month/quarter/year

Beginning on _____ and thereafter until further notice.

Please allow 28 days before the first payment.

Office use

Bank name _____ Address _____

Postcode _____

Account name _____

Account number _____ Sort code _____

BANK INSTRUCTIONS: Please pay the amount stated above on the dates specified to National Westminster Bank, 59 High Street Exeter EX4 3DJ account number 23083581 sort code 56-00-49 account name Hospiscare.

Signature* _____ Date* _____

Please Gift Aid it!

If you are a taxpayer, please allow Hospiscare to claim back tax on your donations. Just tick the box. It's that simple.

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*If we don't have these details we cannot Gift Aid your donation(s)

I am a UK taxpayer and I want Hospiscare to claim back the tax on this donation, all donations I have made in the past 6 years and all future donations until I notify you otherwise.

To qualify for Gift Aid, you must pay an amount of Income Tax and/or Capital Gains Tax for each year (6 April one year to 5 April the next) that is at least equal to the amount of tax that Hospiscare will reclaim on your gifts for that tax year.

If in future your circumstances change and you no longer pay tax on your income equal to the tax Hospiscare reclaims, you can cancel your Declaration. You can cancel this Declaration at any time by notifying Hospiscare. Please let us know if you change your name or address or stop paying tax. If you have any queries, please call us on 01392 688000.

Please return this form to: Hospiscare, Dryden Road FREEPOST (SWB31068) Exeter EX2 5ZZ.

Thank you for making a difference