ODIHAM COTTAGE HOSPITAL REDEVELOPMENT TRUST (OCHRE)
BANKERS ORDER

Name of your bank	To the Manager of .....Bank
Address of your bank	……..
	……..
	……..Postcode …….
Name of your account	Please pay from my account …….
	a/c number …… sort code ……
In figures then words	the sum of £ …….(…… pounds)
Delete as appropriate	monthly/quarterly/annually during my lifetime or unless I advise otherwise,
Date of first payment	commencing payments on …….
	To the Odiham Cottage Hospital Redevelopment Trust;
	account 7566469, bank sort code 30-93-32
	Lloyds TSB Plc, 61 High Street, Odiham, Hants RG29 1LD
	Signature …… Date ……..

ODIHAM COTTAGE HOSPITAL REDEVELOPMENT TRUST (OCHRE)
GIFT AID DECLARATION

Donor's Name

Donor's Address

I declare that I pay UK income tax and I wish my donations to be treated as Gift Aid donations so that OCHRE may reclaim tax on them.
I understand that, for my donations to be treated as Gift Aid, I must be liable to pay an amount of income tax or capital gains tax equivalent to the tax OCHRE will be able to reclaim on my donations.
This declaration relates to all my donations made to OCHRE henceforth, and remains in force until I notify OCHRE otherwise.

Signature ……. Date……..