ODIHAM COTTAGE HOSPITAL CHARITABLE TRUST
(Registered Charity 1068721)
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 Charitable Trust;

account 7566469, bank sort code 30-93-32

Lloyds TSB Plc, 61 High Street, Odiham, Hants RG29 1LD

Signature …… Date ……..

ODIHAM COTTAGE HOSPITAL CHARITABLE TRUST
(Registered Charity 1068721)
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 the Charity 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 the Charity will be able to reclaim on my donations.
This declaration relates to all my donations made to the Charity henceforth, and remains in force until I notify otherwise.

Signature ……. Date……..