

MONTHLY STANDING ORDER FORM

Donor Details:

Full Name			
Address			
Postcode			
Email		Telephone	

Bank Details:

Bank			
Address			
Postcode			
Account Number		Sort Code	
Account Name			

Please donate to:

Sight Support Hull and East Yorkshire
Account No: 70460656 **Sort Code:** 40-25-19
HSBC plc, Jameson Street, Hull, HU1 3JX

Please quote reference:

Amount	Date	Monthly	Yearly

4000 / 4001
FOR OFFICE USE ONLY

Signed _____ Date _____

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Make your donations worth even more to Sight Support but at no extra cost to you!

Please complete the Gift Aid form overleaf.

THANK YOU!

PTO

Gift Aid declaration – for past, present & future donations

Name of charity or Community Amateur Sports Club: **Sight Support Hull and East Yorkshire**

Please treat as Gift Aid donations all qualifying gifts of money made

- today
- in the past 4 years
- in the future

(Please tick all boxes you wish to apply.)

I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and want the charity named above to reclaim tax on the donation detailed below, given on the date shown. I understand that I must pay an amount of Income tax and/or Capital Gains tax in the tax year at least equal to the amount of tax that all the charities and Community Amateur Sports clubs I donate to, will reclaim for that tax year. I understand the charity will reclaim 25p of tax on every £1 that I have given.

Donor's details

Title ----- First name or initial(s) -----

Surname -----

Full home address -----

Postcode ----- Date -----

Signature -----

Please notify the charity or CASC if you:

Want to cancel this declaration

Change your name or home address

No longer pay sufficient tax on your income and/or capital gains.

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self Assessment tax return or ask HM Revenue and Customs to adjust your tax code.