



Standing Order Form

To set up a regular standing donation to the Cheltenham and Gloucester Hospitals Charity please fill in this form and return it to: Charity Office, Gloucestershire Royal Hospital, Great Western Road, Gloucester GL1 3NN

Title: First name or initial(s): Surname:

Home address:

.....

Postcode: Telephone:

E-mail:

We will not contact you unless you complete the attached GDPR form giving your permission.

I would like to make a regular gift of £ Monthly /Annually (please delete)

Please let us know if there is a specific ward/department that you would like your donation to go to:

..... Ward/Department

To: The Manager(name of bank/building society)

Address:

.....Postcode:

Name(s) Account Holders

Account Number: Sort Code:

Starting on the (day) (month)

And hereafter the same sum to GBS RE GLOUCS HOSP NHSFT CF, NatWest Bank, Ac No 10008861
Sort Code 60-70-80



Please return this form to: Cheltenham & Gloucester Hospitals Charity, Gloucestershire Royal Hospital, Tower Block, Great Western Road, Gloucester GL1 3NN

Or get in touch with us today: 0300 422 6738

ghn-tr.fundraising@nhs.net

Return this form for Gift Aid and to keep in touch with your Hospitals Charity

Our supporters are the lifeblood of the charity, and without you we would not be able to make a difference for patients and their families across our local hospitals. Your support matters, so we'd like to keep in touch with news from the charity. If you choose to keep in touch then we may send you news on recently funded projects, fundraising events, charity appeals or volunteering opportunities.

Yes please, I'm happy for you to keep in touch and contact me by:

(Tick all that apply)

Post

Email

Telephone

To ensure the details we hold on you are accurate and up to date, please complete your details:

First name or initial: **Surname:**

Address:

..... **Postcode:**

Email: **Telephone:**



Make your giving grow by 25% at no extra cost to you with Gift Aid

If you pay tax then please complete the declaration below which will make your gift go 25% further at no extra cost to you.

Gift Aid declaration: Please treat all qualifying gifts of money made in the past 4 years and any donations I may choose to make in future as Gift Aid donations. I am a UK tax payer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

Signed: **Date:** / /

Please notify us at any time if you want to cancel this declaration, if you change your name or home address or no longer pay sufficient tax on your income and/or capital gains.

Our pledge to you:

- We will respect your wishes and will only update you as you have expressed above.
- We respect your right to change your communication preferences, or opt out, at a future date.
- We will never share your details with another organisation and our supporter details are managed with strict compliance to the data protection act (1998).

Thank you for supporting your local hospitals