



Standing Order Form

Please fill in all the parts of this form in BLOCK CAPITALS & return to:
EACH, 42 High Street, Milton, Cambridge CB24 6DF. Thank you.

Name _____
Address _____
Post Code _____ Telephone No _____
Email address _____

The Name of Your Bank (e.g. Barclays, Lloyds TSB, Nat West etc)

The Address of Your Bank (including the Postcode)

Post Code _____

Your Account Number:
Your Bank Sort Code:

The Name of Your Account: (e.g. Miss A B Smith)

The Amount of Your Standing Order Donation: £

To Be Paid: Every Month Every Quarter Every Year
(please tick one box)

Starting On This Date: (dd mm yyyy)

I authorise my bank to make regular donations by Standing Order from my account to EAST ANGLIA'S CHILDREN'S HOSPICES* until further notice, according to the instructions above.

Signed: _____ **Date:** _____

Gift Aid Declaration

EACH can claim an additional 25p of gift aid, at no cost to you, for each £1 you donate. To do this, please tick the box below to confirm that you have paid an equivalent amount of UK tax this year and that you have given us your full name and address.

Please treat: this gift / all future gifts / gifts I have made over the last 4 years / or gifts from this date ____ / ____ / ____ as gift aid donations. *Please delete as applicable.

I will notify you if my tax status, name or address change.

Signed: _____ **Date:** _____

*East Anglia's Children's Hospices, NatWest Bank plc, 5 Market Place, Wymondham, Norfolk, NR18 0YY. Account No: 14681358, Sort Code: 60-24-52