

Standing Order Form

Yes, I would like to give a donation to LINC of £ * per month
(*please insert the amount you wish to donate)

Please complete the details below. Thank you.

Title: Mr/Mrs/Miss/Ms/other* (*Please delete as appropriate)

Full Name: _____

Address: _____

Postcode: _____

Telephone: _____

If you would like to be added to our mailing list to receive information on future fundraising events and news please tick

By paying by Standing Order means that your subscription is paid directly from your bank account. This can be every month or every twelve months.

Leukaemia & Intensive Chemotherapy Fund, Haematology Dept, Cheltenham General Hospital, Sandford Road, Cheltenham, Glos GL53 7AN Telephone 08454 224422
Email: LINC@glos.nhs.uk www.lincfund.co.uk Charity No 1078183

Please pay LINC the sum of:
(Please circle)

£5 £10 Or £ _____ each month until further notice

Or £ _____ every twelve months until further notice.

Please debit my account number:

Bank Sort Code:

Starting on:

(Please allow at least one month from today)

Signature _____ Date: _____

To the Manager (Bank / Building Society Branch Name and Address)

Bank/Building Society Name: _____

Branch Name: _____

Branch Address: _____

_____ Postcode: _____

FOR OFFICE USE ONLY: To Lloyds TSB plc, Rotunda, Montpellier, Cheltenham, GL50 1EL (Sort Code: 30-95-72) Account Number: 00610628

Make your gifts go even further with Gift Aid

If you are a UK taxpayer you can increase the value of your gifts by a third – at no extra cost to you. All you have to do is tick the box below and the Inland Revenue will give us 28p for every £1 you give.

I confirm that I pay an amount of income tax and/or capital gains tax at least equal to the tax that LINC will reclaim on my donations in each tax year and would like LINC to reclaim the tax on all donations I have made since 6 April 2008 and any donations I choose to make hereafter, until I notify you otherwise. Date: ___/___/___

Gift Aid Yes