

## **STANDING ORDER FORM**

	Post Code	
Your full name and address IN CAPITALS		
	I (Title)	
	of (Address)	
	Post Code	
	Request you to pay to Lloyds Bank plc, 87, London Road, Headington, Oxford OX3 9AB to credit Oxford Hospitals Charity current a/c <b>ACCOUNT NO</b> 40868268 <b>SORT CODE</b> 30-80-45	
	the sum of (amount in words)	
Your payment Date	£ Monthly/quarterly/annually until further notice.	
	OR (Delete as appropriate)	
	£ Monthly/quarterly/annually foryears ( payments in all)	
	Starting on day of Year	
Your Signature	Signature	
Account No. & Sort Code		
Ľ	(your account number) (and sort code)	
	GIFT AID DECLARATION	
Your full name And home address IN CAPITALS		
IN CAPITALS	I (Title)of (Address)	
	Post Code	
I declare that I donation, all fu	nation by 25p of Gift Aid for every £1 you donate! I am a UK taxpayer and would like the Oxford Hospitals Charity (reg no 1175809) to treat this uture donations and all donations I made in the previous 4 years as Gift Aid donations from the claration until I notify the charity otherwise. I understand that if I pay less Income Tax and/or	

to pay any difference.
I would like my donations to benefit: **I.M.P.S (0126)** 

Your Signature Signature..... Date ......

OXFORD HOSPITALS CHARITY (Registered Charity No. 1175809). When completed please return this form to: Oxford Hospitals Charity, Wood Centre for Innovation, Stansfeld Park, Quarry Road, Headington OX3 8SB. If you need help completing this form please call 01865 222 120. Please remember to notify the charity if you: want to cancel this declaration/change your name, home address or if you no longer pay sufficient tax on your income and/or capital gains.

Oxford Hospitals Charity (registered charity number 1175809) A company limited by guarantee (11052176) Wood Centre for Innovation, Stansfeld Park, Quarry Road, Headington OX3 8SB