Standing Order Instruction

To ……..Bank

I / We would like to make a regular donation to the Friends of St Cross
Please set up the following Standing Order and debit my/ our account accordingly

Account Details

Account Name ……..……..……Account Number | | | | | | | | |

Account holding branch ……Sort Code | | | | | | |

Payee Details

Organisation you are paying | F | R | I | E | N | D | S | | O | F | | S | T | | C | R | O | S | S |

Payment Reference | | | | | | | | | | | | | | | | | | | |
(Payment reference will be completed by the Friends)

Sort Code | 5 | 4 | 4 | 1 | 0 | 0 | (National Westminster Bank)

Account Number | 0 | 5 | 0 | 2 | 4 | 0 | 7 | 2 |

About the payment

Please make payments Monthly [X] Quarterly [X] Yearly [X]

Date & amount of first payment | D | D | M | M | M | Y | Y | £ | £ | £ | £ | £ | . | P | P |

Date & amount of ongoing payments | D | D | M | M | M | Y | Y | £ | £ | £ | £ | £ | . | P | P |
(If different from first payment)

Choose one of the following 2 options

1 Date & amount of final payment | D | D | M | M | M | Y | Y | £ | £ | £ | £ | £ | . | P | P |

2 Until Further notice [X]
(Payments made until you cancel this instruction)

Your Details Please use block capitals

Surname Mr/Mrs/Ms/Miss…… First Names ……

Address……..……..……

…… Post Code ……..

Your signature [ ] Date [ ]

Gift Aid

If you are a UK taxpayer you can enable the Friends of St Cross to reclaim the income tax on your gifts at no extra cost to yourself. Just tick the box.

I am a UK taxpayer. Please treat all my donations as gift aided. [ ]

Please return this form to
The Friends of the Hospital St Cross, Brookfield House, Barby Road, Rugby, CV22 5PX