

Please return this form to St Christopher's, not your bank

St Christopher's

Please detach and keep the Direct Debit Guarantee and then return this form to: **St Christopher's Hospice, 51-59 Lawrie Park Road, Sydenham, London SE26 6DZ**
Telephone 020 8768 4575 Email fundraising@stchristophers.org.uk
www.stchristophers.org.uk St Christopher's is registered charity 210667

Instruction to your bank or building society to pay by Direct Debit



Service user number

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St Christopher's Hospice Ltd, 51-59 Lawrie Park Road, Sydenham, London SE26 6DZ

Instruction to your bank or building society

Please pay **St Christopher's Hospice Ltd** from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with **St Christopher's Hospice Ltd** and, if so, details will be passed electronically to my Bank/Building Society.

2 Your signatures

Date _____

4 Your donation details

I would like to make a regular donation of £ _____

monthly quarterly annually
commencing on the 1st or 15th of

Month _____ Year _____

5 Gift Aid declaration – if you are a UK taxpayer, make your donation worth more at no extra cost to you

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Please treat as Gift Aid donations all qualifying gifts of money made in the last four years, this gift and all future gifts

I am a UK taxpayer and understand if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that year it is my responsibility to pay any difference. Gift Aid is reclaimed by the charity from the tax you pay for the current year. Your home address is needed to identify you as a current UK taxpayer. Please notify the charity if you want to cancel this declaration, change your name or address or no longer pay sufficient tax on your income and/or capital gains.

1 Your bank or building society details

To the manager of _____

BANK OR BUILDING SOCIETY

Address _____

Postcode _____

Name of account holder(s) _____

Bank/building society account number

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Branch sort code

--	--	--	--	--	--

Reference (box for St Christopher's use only)

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Banks and building societies may not accept Direct Debit instructions from some types of account.

3 Your details

Mr Mrs Miss Ms Other PLEASE STATE

Forename(s) _____

Surname _____

Address _____

Postcode _____

Telephone _____

Email _____

Data protection We value your support and promise to respect your privacy. The data we hold is managed in accordance with the Data Protection Act (1998). We will not disclose or share your details with any third party. We would like to keep you informed by post, email or telephone, about the vital work we do. If you would prefer not to receive this information please let us know by ticking this box

6 Please keep this section which is your Direct Debit guarantee

- This guarantee is offered by all Banks and Building Societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit, **St Christopher's Hospice Ltd** will notify you ten working days in advance of your account being debited or as otherwise agreed. If you request **St Christopher's Hospice Ltd** to collect a payment, confirmation of the amount and date will be given to you at the time of the request
- If an error is made in the payment of your Direct Debit, by **St Christopher's Hospice Ltd** or your Bank or Building Society, you are entitled to a full and immediate refund of the amount paid from your bank or building society - If you receive a refund you are not entitled to, you must pay it back when **St Christopher's Hospice Ltd** asks you to
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Written confirmation may be required. Please also send a copy of your letter to us.

