



Hospice Care Kenya

UK Registered Charity 1001709

Top Floor, 95 Gloucester Road, Bristol, BS7 8AT

I WOULD LIKE TO SUPPORT HOSPICE CARE KENYA

Name: _____

Home Address: _____

Postcode: _____

ONE-OFF DONATION

I enclose a cheque for £ _____ payable to **Hospice Care Kenya**

or

Please debit the sum of £ _____ from my CAF card

Card no.: _____

Expires: _____

Signature _____ Date _____

GIFT AID DECLARATION

I am a UK tax payer. I wish Hospice Care Kenya to treat all donations I have made since 6th April 2003 and all donations I make from the date of this declaration until I notify you otherwise as a Gift Aid donation.

I understand that I must pay an amount of income tax or capital gains tax at least equal to the tax the charity reclaims on my donations in the same tax year.

Date _____

N.B.: It is not necessary to sign a Gift Aid Declaration. However, you must fill in Date, Name, Home Address and Postcode.

If you require an acknowledgement please tick the box



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STANDING ORDER FORM

Kindly also sign the Gift Aid declaration above, if appropriate.

Name and full postal address of your Bank or Building Society:

To : The Manager _____

Address _____

Postcode _____

Name(s) of account holder(s)

Branch Sort Code _____

Bank or Building Society Account Number _____

Please pay to **HOSPICE CARE KENYA**

Account No: 00005079 Sort Code: 40-52-40

The sum of £ _____ (figures)

_____ (words)

monthly / quarterly / half yearly / annually

(delete as appropriate)

Beginning: Day _____ Month _____ Year _____

and continuing until otherwise instructed.

Signature _____ Date _____

Full name _____

Please send this form to HCK which will forward it to your bank