



Hospice Care Kenya

UK Registered Charity 1141469

Hospice Care Kenya, c/o St Peter's Hospice Office, 58 Royal York Crescent,
Clifton, Bristol, BS8 4JP

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 2007 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



Hospice Care Kenya

UK Registered Charity 1141469

Hospice Care Kenya, c/o St Peter's Hospice Office, 58 Royal York Crescent,
Clifton, Bristol, BS8 4JP

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 Hospice Care Kenya which will forward it to your bank