



Monthly Donation



Complete the form below

Your details (Please fill with your details below)

Title	<input type="text"/>	Address	<input type="text"/>
First Name	<input type="text"/>		<input type="text"/>
Surname	<input type="text"/>	Postcode	<input type="text"/>
Email	<input type="text"/>	Phone	<input type="text"/>

Reason for donation (Please tell us why you are donating)

1. Donating in memory of: Specify the person it's in memory of.	<input type="text"/>
2. Donation on behalf of an event: Please give details of the event.	<input type="text"/>
3. Other Reason: Please give detail.	<input type="text"/>

Monthly amount you want to donate

£

Gift Aid it (Boost your donation by 25p of Gift Aid for every £1 you donate)

Gift Aid is reclaimed by the charity from the tax you pay for the current tax year. Your address is needed to identify you as a current UK taxpayer. In order to Gift Aid your donation you must tick the box below:

- I want to Gift Aid my donation and any donations I make in the future or have made in the past 4 years to Bolton Hospice.
- I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.
 - Please notify Bolton Hospice if you : want to cancel this declaration; change your name or home address; no longer pay sufficient tax on your income and/or capital gains.
 - If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.

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

Name of account holder(s)



Service User Number

2	9	9	2	9	8
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Bank/Building Society account number

Reference

Branch sort code

Instruction to your Bank or Building Society

Please pay Bolton Hospice Debits 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 Bolton Hospice and, if so, details will be passed electronically to my bank/building society.

Name and full postal address of your
Bank/Building Society

Signature

Date

Banks and building societies may not accept Direct Debit Instructions for some types of account.

The Direct Debit Guarantee



This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.

If the amounts to be paid or the payment dates change Bolton Hospice will notify you 10 working days in advance of your account being debited or as otherwise agreed.

If an error is made by Bolton Hospice or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.

You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.