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Livingstonia
Hospital Partnership

Livingstonia Hospital Partnership

Charity No. NIC106126

Standing Order Form

If you would like to make a regular donation to the Livingstonia Hospital Partnership,
please complete this form and send it to:

The Secretary, Livingstonia Hospital Partnership, 128 Lackan Road, Ballyward,
Castlewellan N. Ireland, BT31 9RX

Check out the charity online at www.livingstonia.org.uk

Gift Aid declaration – for present & future donations

Name of Charity **LIVINGSTONIA HOSPITAL PARTNERSHIP (LHP)**

Please treat as Gift Aid donations all qualifying gifts of money made:

Today _____ All future donations to LHP _____

Please tick all boxes you wish to apply.

* I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities or Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 25p of tax on every £1 that I give.

Donor's details

Title _____ First name or initial(s) _____

Surname _____

Full home address _____

Postcode _____

Date _____

Signature _____

Please notify the charity or CASC 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*

Your Personal Details

Full Name: _____

Address: _____

Post code: _____ Telephone No: _____ Email address: _____

Your Bank Details

Bank Name: _____

Bank Address: _____

Account number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Sort Code:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Instructions to Bank: Please pay the "Livingstonia Hospital Partnership", Danske Bank,

42 Greencastle Street, Kilkeel, Northern. Ireland, BT34 4BH,

Account No: 950344 80021679 Sort Code: 95-03-44 Quote Ref: _____ (for office use)

£ _____ (in figures) £ _____ (in words)

monthly starting on the 1st banking day of _____ (enter month) and thereafter on the
1st banking day of each month until further notice.

Signature: _____ Date: _____