



Southern Area Hospice Services
St. John's House
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Northern Ireland

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Your Local Hospice

How To Help Through Regular Giving

HTH/10/2016

JOT Design & Print 07858 512722



“Yes I would like to help the Hospice Care by making a regular gift”

Your Monthly Bankers Order

To (The Manager) _____

Your Bank / Building Society Name _____

Address _____

Please pay: Southern Area Hospice Services
First Trust Bank, 42-44 Hill St. Newry, Co. Down

Account No: 90518 866
Sorting Code No: 93-83-78

My Chosen Amount of: £25 £50 £100 Other

Starting on (date) / /

and therefore on the same date every month until you receive further notice from me/us
in writing.

FROM (PLEASE USE CAPITAL LETTERS)

Title: _____ First Name: _____ Surname: _____

Home Address: _____

Email: _____

Postcode: _____ Tel: _____

Account No: _____ Sorting Code Number: _____

Date: _____ Signed: _____

giftaid it Charity Gift Aid Declaration

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

Gift Aid is reclaimed by Southern Area Hospice Services from the tax you pay for the current tax year. Your address is needed to identify you as a current UK taxpayer.

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.

I WANT TO GIFT AID THIS DONATION AND ANY DONATIONS I MAKE IN THE FUTURE OR HAVE MADE IN THE PAST 4 YEARS TO SOUTHERN AREA HOSPICE SERVICES. (PLEASE TICK, DATE AND SIGN BELOW TO VALIDATE THIS DECLARATION)

Date / / Signed: _____

Please notify Southern Area Hospice Services if you:

1. Want to cancel this declaration
2. Change your name or home address
3. No longer pay sufficient tax on your income and/or capital gains
4. 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.

PLEASE DO NOT SEND TO YOUR BANK

**Please return this completed form to:
Hospice Fundraising Office, Fern House, 3 Courtenay Hill, Newry, Co Down, BT34 2EA.**

Your support is vital to the work we do and thank you for it. We also respect your privacy and would assure you that SAHS fully complies with UK Data Protection Act (1998).

Your contact details are required to confirm payment. We would like to hold your details in order to contact you about our fundraising, campaigning and services provided.

Please tick the box if you do not wish us to contact you.

We do not sell or swap details with any third parties.