**SaTH Charity**

**The Shrewsbury and Telford Hospital Trust CHARITABLE FUNDS**

**(Charity registration no 1107883)**

**Standing Order Form**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Bank address | To: The Manager | | |  | | |
| Your Full name and Address IN CAPITALS | I (Title) | | |  | | |
| Of (Address) | | |  | | |
| Request you to pay to:  Royal Bank of Scotland PLC, 6 The Square, Shrewsbury, Shropshire SY1 1LA to credit:  **SaTH Charity** (Shrewsbury and Telford Hospital NHS Trust Registered Charity)  ACCOUNT NO: 11853831 SORT CODE: 16-31-23 | | | | | | |
| The sum of (amount in words)……………………………………………………………………….. | | | | | | |
| Your payment date | | £……………………….. Monthly / quarterly /annually until further notice | | | | |
| OR (Delete as appropriate) | | | | |
| £……………………….. Monthly/quarterly/annually for ……….. years (…………payments in all) | | | | |
| Starting on ……….. day of ………………. Year ………. | | | | |
| Your Signature | | Signature …………………………………………………………………. | | | | |
| Your Account Number | | | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  | | | Your Sort Code | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  | |
| **GIFT AID DECLARATION** | | | | | | |
| Your full name and home address IN CAPITALS | | | I (title) …………………………………………….. of (Address)…………………………………..  …………………………………………………………………………………………………………  ………………………………………………………Post Code …………………………………… | | | |
| Boost your donation by 25p of Gift Aid for every £1 you donate!  I declare that I am a UK taxpayer and would like SaTH Charity 1107883 to treat this donation, all future donations and all donations I made in the previous 4 years as Gift Aid donations from the date of this declaration until I notify the charity otherwise. I 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 would like my donation to benefit the Fertility Unit (S510R).** | | | | | | |
| Signature ……………………………………………………………………….. Date ……………………………………………. | | | | | | |
| SaTH Charity the charity of The Shrewsbury and Telford Hospital Trust CHARITABLE FUNDS (Registered Charity No. 1107883). When completed please return this form to: The Charity Office, SaTH Mytton Oak Road Shrewsbury SY3 8XQ. If you need help completing this form please call 01743 261446. Please remember to notify the charity 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. | | | | | | |