



I'd like to help St Leonard's by regular giving.

Title: Mr Mrs Ms Miss Other:			
First name:		Surname:	
Address:			
		Postcode:	
Tel:		e-mail:	

Standing Order Instruction (St Leonard's Hospice will submit this to your bank)			
Bank name:			
Bank address:			
		Postcode:	
Name of account:			
Sort code: - -	Account number:		

Please pay NatWest Bank, 1 Market Street, York YO1 8SR (sort code 56-00-70) for the credit of St Leonard's Hospice, Account no: 66101298, a total of (please tick)									
£5.00		£10.00		£25.00		£50.00		Other	£
From the above account every month, starting on the									
1 st (tick)		15th (tick)		of the month in the year					
and continue until I give further notice									
Hospice reference:									

	I am a UK taxpayer. Please claim Gift Aid on all my donations made vis this Standing Order and any other donations that I have made in the last six years (tick)		
	Note: for donations to qualify for Gift Aid you must pay Income Tax or Capital Gains Tax at least equal to the tax we reclaim in your donations.		

Signature:		Date:	
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Once you've filled in the form, please return it to St Leonard's Hospice Fundraising Centre, 185 Tadcaster Road, YORK, YO24 1GL THANK YOU!	OFFICE USE ONLY	
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