

# Standing Order Form

Please complete this form and return it to  
The Children's Hospital Charity at the address below

Registered Charity No. 505002

<b>Name:</b>	
<b>Address:</b>	
<b>Town:</b>	
<b>Postcode:</b>	

<b>Please pay</b> The Children's Hospital Charity	<b>£</b>
<b>each</b>	<b>month / quarter / year</b> (please delete as appropriate)
<b>Starting on:</b> Please allow one month from today	

<b>Name of account holder(s):</b>	
<b>Account number:</b>	
<b>Bank sort code:</b>	
<b>Bank name:</b>	
<b>Bank address:</b>	
<b>Bank post code</b>	

<b>Signature:</b>	
<b>Date:</b>	

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## Gift Aid declaration – for past, present & future donations

- YES – Please claim Gift Aid**
- NO – Gift Aid is not applicable**

*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 have given.*

**For bank use: This replaces any existing mandate to The Children's Hospital Charity  
Lloyds Bank, High Street, Sheffield, S1 2GA A/C number: 00078942 Sort code: 30-97-51  
Please use the following reference number: \_\_\_\_\_  
The Children's Hospital Charity, Western Bank, Sheffield, S10 2TH  
Registered charity no 505002  
0114 2717203 [www.tchc.org.uk](http://www.tchc.org.uk)**