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| **Standing Order Form**Please complete this form and return it to New Start Charity, the Transplant Centre, Wythenshawe Hospital, Manchester, M23 9LT |  |

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| Name  | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| Town | Click or tap here to enter text. |
| Postcode  | Click or tap here to enter text. |

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| Please Pay New Start Charity  | £Click or tap here to enter text. |
| Each | Annually  |
| Starting on (please allow 1 month from today) | Click or tap to enter a date. |

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| Name on account: (exactly as it appears on account) | Click or tap here to enter text. |
| Account number: | Click or tap here to enter text. |
| Bank sort code: | Click or tap here to enter text. |
| Bank name: | Click or tap here to enter text. |
| Bank address: | Click or tap here to enter text. |
| Bank post code: | Click or tap here to enter text. |

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| Signature: |  |
| Date: | Click or tap to enter a date. |

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|   **Gift Aid declaration – for past, present & future donations** *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****Yes Please claim Gift Aid******No Gift Aid is not applicable***   |

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| **FOR BANK USE** **Account name: Wythenshawe Hospital Transplant Fund** **Bank: HSBC Altrincham** **Sort code: 40 - 08 - 22** **Account No: 71709917** |

Registered Charity No. 1049067