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

|  |  |
| --- | --- |
| 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. |

|  |  |
| --- | --- |
| 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. |

|  |  |
| --- | --- |
| 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. |

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

|  |
| --- |
| **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*** |

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

Registered Charity No. 1049067