



REGULAR DONATION FORM

I wish to donate the sum of £_____ monthly to Shipston Home Nursing

(Account No. 01665317, Sort Code 30-98-26) on the _____ day of each month until further notice.

My Name _____ Account Number _____ Sort Code _____

Address _____ Town/City _____

Post code _____

To the Manager _____ Bank plc

Address _____

Post code _____

Signature _____ Date _____

GIFT AID DECLARATION *giftaid it*

- I wish the Charity to treat this donation as Gift Aid, I confirm that I am a UK taxpayer and understand that if I pay less income or capital gains tax than the amount of the gift aid claimed on all my donations in that tax year, it is my responsibility to pay the difference.

KEEPING IN TOUCH

We will hold your data securely and only share it within our Charity, but we need your permission to contact you.

We will only contact you to keep you up to date with our news or any fundraising events or initiatives we are holding:

- Yes, please keep in contact
- No, please do not contact me

Signature _____ Date _____

**Please complete and return this form to: Shipston Home Nursing, Ellen Badger Hospital,
Stratford Road, Shipston on Stour, Warwickshire, CV36 4AX**