



SHN REGULAR DONATION FORM

I/we wish to make a monthly donation to Shipston Home Nursing by standing order.

Name(s):

Address:

Postcode:

E-mail:

Telephone:

Standing Order Instruction

Please pay Shipston Home Nursing the sum of £ per month

Sort Code: 30-98-26

Account No: 01665317

Starting on / /20 and thereafter on the of each month until further notice.

Bank Name:

Address:

Postcode:

Sort Code:

Account Number:

Account Name:

Signature:

Date:

Gift Aid helps your donation go further.

Using Gift Aid means for every £1 you donate we get an extra 25p from HMRC.

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Please tick if you would like us to reclaim the tax back on any donations you have made in the last four years or any donation to be received in the future. Thank you.

**Please return this form to: Fundraising, Shipston Home Nursing, Suite 7B,
50 Stratford Road, Shipston on Stour, Warwickshire, CV36 4BA.**

We would like to keep you informed about the work of the charity and upcoming events through our e-newsletter. If you are happy for us to keep in touch, please tick this box.

