



### REGULAR GIVING FORM

#### PERSONAL DETAILS

Title: ..... Name in full: .....  
Address in full: .....  
.....  
Phone Number: ..... Email: .....

#### PAYMENT INFORMATION

I'd like to make a regular donation of:    £5     £25     £50     Other                       monthly/annually\*  
Starting on the 1<sup>st</sup>/15<sup>th</sup>/25<sup>th</sup>\* of .....month .....year

*\*Please delete as applicable. Please allow 4-6 weeks between signing this form & the date of the first new payment.*

#### INSTRUCTION TO YOUR BANK OR BUILDING SOCIETY

Account Number: ..... Sort Code: .....

Name of Account Holder (s) .....

Name and full postal address of your Bank or Building Society

To: The Manager .....

Address in full: .....

Please pay to National Westminster Bank PLC (60-05-37), 134 Aldersgate Street, London, EC1A 4LD, Acc No. 24097683

Signed: ..... Date: .....

Please tick this box so that we can claim 25p from the Government for every £1 you donate – at no extra cost to you (UK Taxpayers only)\* *Gift Aid it*

Signed: ..... Date: .....

Please tick if you would like us to send you information on the Eye Hospital from time to time. We will not pass your details onto third parties.

*Please return completed form to:*

Linda Read, GLMMM, Mark Masons' Hall  
86 St. James's Street, London SW1A 1PL  
**for recording purposes and then onward transmission**

**Gift Aid Notes\*** I confirm I have paid or will pay an amount of UK Income Tax and/or Capital Gains Tax for the current tax year (6 April to 5 April) that is at least equal to the amount of tax that all charities and Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for the current tax year. I understand that other taxes, such as VAT and Council Tax, do not qualify. I understand that the charity will reclaim 25p on every £1 that I give after 6 April, 2008. I understand that the charity will reclaim 28p on every £1 that I gave up to 5 April, 2008.

Please notify the St John of Jerusalem Eye Hospital Group if you: want to cancel this Declaration; change your name or home address; no longer pay sufficient tax on your income and/or capital gains. If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.