St John of Jerusalem
Eye Hospital Group

Chairman
Sir Andrew Cash OBE KStJ
Hospitaller
Mr David Verity OStJ

REGULAR GIVING FORM

PERSONAL DETAILS

Title: ..... Name:.....

Address: .....

.....

Phone Number: .....Email: .....

PAYMENT INFORMATION

I'd like to make a regular donation of: £5 ☐ £25 ☐ £50 ☐ Other ☐ ..... per month/year*

Starting on the 25th of .....**(month)** for .....years/until further notice*

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

giftaid it ☐ **Tick to boost your donation by 25%!**

Saying yes to Gift Aid means that for every £1 you give, we can claim an extra 25p from HM Revenue & Customs. This does not cost you any more; it is reclaimed from the tax you have already paid.
I wish Gift Aid to apply to the enclosed donation, all donations in the past 4 years and any future donation I make to St John of Jerusalem Eye Hospital Group. I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax in the current tax year than the amount of Gift Aid claimed on all my donations it is my responsibility to pay any difference. 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.

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.

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

☐ Please tick if you would like us to send you information on the Eye Hospital from time to time.

Please be assured we will never share, swap or sell your details with another organisation. We may research individuals and organisations on occasion on our database, but this is to better tailor our communications and funding requests. Again, this information will not be shared externally. Consent for all or some forms of communication can be withdrawn at any point. For our full Privacy Policy, please contact the office, or view it on our website.

Please complete both sides of the form and return to:
Colette Mistry, GLMMM, Mark Mason's Hall,
86 St James's Street
London SW1A 1PL
For recording and onward transmission
Thank you for your support!