

Personal Details for FOKH

FOR ALL DONATIONS PLEASE PRINT IN CAPITALS BELOW

Your Title Your Forenames

Your Surname

Your Address

.....

.....

..... Post Code

email:

telephone:

Gift Aid Form for FOKH

Dear FOKH, please treat as Gift Aid donations all qualifying gifts of money made today, in the past 4 years and in the future. (Strike out any you do not wish to apply). 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 28p of tax on every £1 that I gave up to 5 April 2008 and will reclaim 25p of tax on every £1 that I give on or after 6 April 2008. (If you are a higher rate tax payer you should include the amount given on your tax return to obtain higher rate relief). If I cease to pay this amount of tax I will notify you.

Signed Dated/...../ 20.....

Complete the Banker's Order on the opposite page for regular giving and complete the Gift Aid form if you wish us to reclaim tax on your donation(s). For all gifts please fill in your personal details.

** REF

Your full name
in **CAPITALS**

Your address
in **CAPITALS**

Amount you wish to pay each
Month/Quarter/Year
* **Delete and initial**
the inapplicable lines

Date when payments
are to start.

Date of your signature

Your signature
Name & full address
of your bank in
CAPITALS

Your account number
and branch number (sort
code) of Bank

** For office use only

Banker's Order Form for Regular Giving

I
(MR, MRS, MISS, OR TITLE)
Of
(ADDRESS)
.....
(POSTCODE)

Request you to pay to the Danske Bank Ltd.,
77 Main Street, Bangor. Co. Down BT20 5AP, N Ireland
Branch number 95-02-52
for the credit of FRIENDS OF KIWOKO HOSPITAL,
Account Number 41170805.

.....
(AMOUNT IN WORDS) * MONTHLY
£ * QUARTERLY
(AMOUNT IN FIGURES) * YEARLY

STARTING ON THE DAY OF

..... 20
(SIGNATURE)
To
(NAME OF BANK)
of
(ADDRESS)
.....
(POSTCODE)
.....
(ACCOUNT NUMBER) (BRANCH NUMBER)

** REF

*** Please return to : Dr. Ken Moles, Friends of Kiwoko Hospital, 146 Windyhill Road. Limavady BT49 0QY. N Ireland. ***