



**St Andrew's Hospice**  
FREEPOST SCO6134  
Airdrie  
ML6 6BR  
Gift-aid Declaration

I, .....  
of .....  
.....

Postcode .....  
Wish St Andrew's Hospice to treat all  
Donations I have made since 6th April 2000 and all  
Donations I make hereafter as Gift-aid donations and to  
Reclaim Tax accordingly.

Signature of Donor :.....  
Date of Declaration: .....

I promise to contribute a sum equal to:  
£ ..... per month.  
£ ..... per quarter.  
£ ..... annually.

**Notes:**  
Donors must be taxpayers who pay an amount of Income or Capital  
Gains Tax equal to the amount of tax reclaimed by the Hospice on  
the donations of each tax year.

**FOR OFFICE USE**  
**HOSPICE NO:**

**Bankers Order**

Please return this form to St Andrew's Hospice.  
We will forward it to your bank.  
Please complete the sections within the boxes

Name of your bank :.....

Address of your bank:.....  
.....

Bank sort code: .....

Debit my Bank Account No.....

Please pay to the account of St Andrew's Hospice,(Lanarkshire) Airdrie, SCO 10159.  
Account No: 00261348  
Sort Code: 83.15.11  
At The Royal Bank of Scotland, 5 Graham Street  
Airdrie ML6 6AB

Quoting reference number: \*  
£ ..... commencing now and thereafter each calendar month  
£ ..... commencing now and thereafter every 13 weeks  
£ ..... commencing now and thereafter every 52 weeks

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Email \_\_\_\_\_

Date \_\_\_\_\_ Signed \_\_\_\_\_

\* Would Bank please allocate the above reference number when  
transaction takes place and enter that number before Payee's name.