**The Shrewsbury and Telford Hospital Trust CHARITABLE FUNDS**

**(Charity registration no 1107883)**

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| --- | --- | --- | --- | --- | --- | --- |
| Bank address | To: The Manager | | |  | | |
| Your Full name and Address IN CAPITALS | I (Title) | | |  | | |
| Of (Address) | | |  | | |
| Request you to pay to:  Royal Bank of Scotland PLC, 6 The Square, Shrewsbury, Shropshire SY1 1LA to credit:  **SaTH Charity** (Shrewsbury and Telford Hospital NHS Trust Registered Charity)  ACCOUNT NO: 11853831 SORT CODE: 16-31-23 | | | | | | |
| The sum of (amount in words)……………………………………………………………………….. | | | | | | |
| Your payment date | | £……………………….. Monthly / quarterly /annually until further notice | | | | |
| OR (Delete as appropriate) | | | | |
| £……………………….. Monthly/quarterly/annually for ……….. years (…………payments in all) | | | | |
| Starting on ……….. day of ………………. Year ………. | | | | |
| Your Signature | | Signature …………………………………………………………………. | | | | |
| Your Account Number | | | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  | | | Your Sort Code | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  | |
| **GIFT AID DECLARATION** | | | | | | |
| Your full name and home address IN CAPITALS | | | I (title) …………………………………………….. of (Address)…………………………………..  …………………………………………………………………………………………………………  ………………………………………………………Post Code …………………………………… | | | |
| Boost your donation by 25p of Gift Aid for every £1 you donate!  I declare that I am a UK taxpayer and would like SaTH Charity 1107883 to treat this donation, all future donations and all donations I made in the previous 4 years as Gift Aid donations from the date of this declaration until I notify the charity otherwise. I understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference. | | | | | | |
| I would like my donation to benefit: ………………………………………………………………………………………………. | | | | | | |
| Signature ……………………………………………………………………….. Date ……………………………………………. | | | | | | |
| SaTH Charity the charity of The Shrewsbury and Telford Hospital Trust CHARITABLE FUNDS (Registered Charity No. 1107883). When completed please return this form to: The Charity Office, SaTH Mytton Oak Road Shrewsbury SY3 8XQ. If you need help completing this form please call 01743 261000 ext 3883. Please remember to notify the charity 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. | | | | | | |

**Standing Order Form**