I would like to help Campden Home Nursing look after people with incurable illnesses.

There are many ways you can directly support us:

 Make a one-off donation

 Donate monthly through Standing Order

 Leave us a Legacy in your Will (please call us on 01386 840505)

 Trusts (please call us on 01386 840505)

My details are: Please complete this form and return it to:

|  |
| --- |
| Title: |
| Forename(s): |
| Surname: |
| Address: |
| Postcode: |
| Tel: |
| Email: |

I wish to…

|  |
| --- |
| **Make a one-off donation of: £**  And enclose my cheque payable to Campden Home Nursing CIO |
| **Donate £ monthly through a standing Order, my Bank details are as follows:**  Bank Name:  Bank Address:  Account Name:  Sort Code:  Account Number  Payments to be made to:  Campden Home Nursing CIO  **Account**: Lloyds TSB, High Street, Chipping Campden, Gloucestershire, GL55 6HH  **Account Number** 18551160  **Sort Code:** 30-98-90  on the of each month until further notice. |
| Campden Home Nursing CIO  Camperdene Gallery  High Street  Chipping Campden  Gloucestershire  GL55 6AT  Tel: 01386 840505  [www.campdenhomenursing.org](http://www.campdenhomenursing.org) |
| Gift Aid Declaration  Boost your donation by 25p of Gift Aid for every £1 you donate |
| I wish the charity to treat this donation as Gift Aid and to treat similarly all future donations that I make to the charity. I am a UK Taxpayer and understand that if I pay less income tax and/or Capital Gains Tax than the amount of the gift aid claimed on all my donations in that tax year it is my responsibility to pay any difference. |
| I declare that I am a taxpayer and I want the charity to treat my donation of  **£**  Which I made on the / /  (Date of cheque) and any future donations I make as Git Aid Donations |
| I would like Campden Home Nursing CIO to claim the tax back on this donation. |
| Please pay Campden Home Nursing by Standing Order from the account detailed on this instruction. I understand that this instruction may remain with Campden Home Nursing and, if so, details will be passed electronically to my Bank/Building Society. |
| Date:  Signature: |