

# STANDING ORDER MANDATE

Name (Mr/ Mrs/ Ms/ Miss)	<input type="text"/>
Address	<input type="text"/> <input type="text"/> Postcode <input type="text"/>
Telephone No. (in case of query)	
To the Manager	Bank/ Building Society
Address	<input type="text"/> <input type="text"/> Postcode <input type="text"/>
Please pay the sum of	<input type="text"/> £ <input type="text"/> monthly/ quarterly/ annually
starting on the	<input type="text"/> day of <input type="text"/> month <input type="text"/> (year) until further notice
Bank/ Building Society account number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Branch sort code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Signature (s)	<input type="text"/>
Date	<input type="text"/>

Instructions to your Bank or Building Society: FOR OFFICE USE ONLY  
Please pay to:

Name of Charity	<b>COTSWOLD CARE HOSPICE</b>
Bank Name Address	<b>LLOYDS BANK PLC, ROWCROFT STROUD, GLOS, GL5 3BD</b>
Bank/ Building Society account number	<input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 6 <input type="text"/> 2 <input type="text"/> 6 <input type="text"/> 7
Branch sort code	<input type="text"/> 3 <input type="text"/> 0 <input type="text"/> 9 <input type="text"/> 8 <input type="text"/> 2 <input type="text"/> 9
Quoting ref:	<input type="text"/>

*giftaid it* To Cotswold Care Hospice:  
I am a UK taxpayer. Please reclaim the tax on my donation and any donations I make in the future unless I notify you otherwise.

Cotswold Care Hospice is a registered charity providing care and support to people in Gloucestershire living with cancer and other life threatening illnesses. It is an independent hospice and has to rely almost entirely on voluntary donations and support to enable it to continue caring for people in the local community.

Occasionally charities exchange donor details with other non-profit organisations. Please tick this box if you do not want your details passed to other organisations.

Please return this form to:  
Cotswold Care Hospice  
Burleigh Lane  
Minchinhampton, Glos  
GL5 2PQ  
Tel. 01453 886868  
Fax. 01453 885282

