

## Hospice Africa BANKER'S ORDER FORM

Please complete and send to: **Prof. K. Holden,**  
**Hon. Treasurer, 67, Menlove Avenue Liverpool L18 2EH**  
([k.holden67@btinternet.com](mailto:k.holden67@btinternet.com))

### Please do not send this form direct to your Bankers

Name and full postal address of Donor's bank (in block capitals)

To (bank name).....

bank address.....

.....

Please pay to Allied Irish Bank (GB) Ltd, 1 St Paul's Square, Old Hall St, Liverpool, L3 9PP  
for the credit of Hospice Africa Ltd. A/C No. 14629082 Sort code 23 84 03  
the sum of £.....(.....) on the.....  
day of ..... 20\_\_ and annually / quarterly / monthly thereafter.

Name of account holder.....

Account Number.....Bank Sort Code.....

Donor's Initials or first name.....

Donor's Surname.....

Donor's Address.....

.....

Signed..... Date.....20...

**Gift Aid**  **Please tick if appropriate.** I want to Gift Aid my donations. I am a UK taxpayer and 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.

**Please tick if appropriate.** I do **not** pay UK income tax and my donations do not qualify for Gift Aid.

**Email Contact:** If you are happy to receive letters and occasional newsletters by email add your email address here: