



Please complete, sign and return to
Indus Hospital Charity
7 Bradman House, Abercorn Place
London NW8 9XY

STANDING ORDER FORM

Donor Info			
Title	Mr / Miss / Ms / Mrs / Dr /		
Full Name			
Address			
Town/City		Postcode	

Donor's Bank Account			
Bank Name			
Branch Address			
Account Title			
Account No		Sort code	

Payment details			
Amount		Frequency	Weekly / Monthly / Yearly
Start Date		Till further notice / End Date	
Signature		Date	

<i>giftaid it</i>	Gift Aid makes every £1 worth £1.25
<p>I want to Gift Aid my donation and any donations I make in the future or have made in the past four years to Indus Hospital Charity. 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.</p>	
Signature: _____	

Indus Hospital Charity					
Bank	Metro Bank, One Southampton Row, London WC1B 5HA				
Account	Indus Hospital Charity	Account No	27329705	Sort Code	23-05-80

Reference No (Office/Bank use only)	(Please use this reference for each transaction)
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