

# LINGEN DAVIES CANCER FUND STANDING ORDER MANDATE

<b>Name:</b>																	
<b>Address:</b>																	
		<b>Email:</b>															
<b>I wish to make a monthly donation of:</b>																	
£5		£10		£20		Other		£									
Commencing on ..... and thereafter until further notice to																	
<b>Bank:</b>	Lloyds						<b>Branch:</b>	Shrewsbury									
<b>Sort Code:</b>	3	0	9	7	6	2	<b>Account Number:</b>	3	3	9	3	0	5	6	8		
<b>Beneficiary:</b>	THE LINGEN DAVIES CANCER FUND																
<b>Reference:</b>																	
<b>Signature:</b>	_____										<b>Date:</b>	_____					
<b>Bank Details of Account to be Debited</b>																	
<b>Bank Name:</b>																	
<b>Bank Address:</b>																	
<b>Sort Code:</b>							<b>Account Number:</b>										
<b>Account Name:</b>																	
<p><b>The Charity could benefit from an additional amount from the Inland Revenue. If you are a tax payer please complete below:-</b></p> <p style="text-align: center;"><b><u>Gift Aid Tax Declaration</u></b></p> <p>I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities or Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 28p of tax on every £1 that I gave up to 5 April 2008 and will reclaim 25p of tax on every £1 that I give on or after 6 April 2008.</p> <p>Signed: _____</p>																	

Once completed, please return the form to: Lingen Davies Cancer Fund, Hamar Centre, Royal Shrewsbury Hospital, Mytton Oak Road, Shrewsbury, Shropshire SY3 8XQ.