



SKANDA VALE HOSPICE

BANK STANDING ORDER FORM SKANDA VALE HOSPICE

THE COMMUNITY OF THE MANY NAMES OF GOD reg charity 511166
SKANDA VALE HOSPICE
SKANDA VALE LLANPUMSAINT CARMARTHENSHIRE SA33 6JT

To: The Manager,
Bank Name and Address: *(your bank)*

.....
.....

Please pay: **CAF Bank Ltd**
25 Kings Hill Avenue, Kings Hill, West Malling, Kent ME19 4JQ
Sort code 40-52-40

For the credit of: **The Community of the Many Names of God Skanda Vale Hospice**
Account No: 00013744

The sum of: £ *(in numbers)* *(in letters)*

Monthly / Quarterly / Annually *(delete as appropriate)* until further notice.

Starting on:

Your Name:

Address:

.....Post Code.....

Sort Code:

Account No:

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**Yes, I am a UK tax payer would
like you to treat all my donations
from this date onwards as Gift Aid**

(Through Gift Aid we can recover an additional 28% of the value
of your donations from the Inland Revenue at no extra cost to you
You must pay an amount of income tax and / or capital gains tax
Equal to the tax we reclaim on your donations)

Signature: Date:

Please send this form to:
Skanda Vale Hospice, Saron, Llandysul, SA44 5DY, Wales