

Standing Order Mandate



To: The Manager

Bank: _____

Branch Address: _____

Post Code: _____

Please pay to:

The Bank of Scotland, 42/44 Sylvania Way South, Clydebank, G81 2TL

Sort Code: 80-06-14

Account No: 00508725

Account Name: St Margaret of Scotland Hospice No 2 Account

£10 £20 £50 £100

Other Amount £ _____

Commencing on _____ and on the same date of each month thereafter, until further notice.

Please debit my account:

Sort Code: _____

Account No: _____

Name: _____

Address: _____

Signature: _____

Date: _____

Please quote the name of your customer on all payments.

If you are a UK taxpayer and sign the following declaration, the Hospice can increase the value of your donation by claiming a refund from the Inland Revenue, at no cost to you.

Gift Aid Declaration - I confirm that I wish all donations to be Gift Aided until I notify St Margaret of Scotland Hospice otherwise. I understand that I must pay income tax and/or capital gains tax at least equal to the tax St Margaret of Scotland Hospice reclaim on my donations

Signed: _____

Date: _____