

Lavender Fund Set Up and Direct Debit Form

In Memory of _____



Royal Hospital for
Neuro-disability

A national medical charity

West Hill
Putney
London
SW15 3SW
tel 020 8780 4567

PERSONAL DETAILS

Your name:
Your address:
Postcode

Email: ibarrett@rhn.org.uk

PAYMENT DETAILS

Minimum of £5 monthly donation or £60 annual donation

I would like to support the RHN with a Direct Debit of _____ monthly/annually

Starting on 1st 15th of _____ (month) _____ (year)

This instruction must be detached by the RHN before submission to the bank

Instruction to your Bank or Building Society to Pay by Direct Debit

Please complete each section of the form and return to **Fundraising**
Royal Hospital for Neuro-disability, West Hill, Putney, London, SW15 3SW

Name and full postal address of your Bank or Building Society

To The Manager	
Address	Bank/Building Society
	Postcode

Originator's Identification No.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Reference No. (for office use only)

<input type="text"/>

Instruction to your Bank or Building Society

Please pay the Royal Hospital for Neuro-disability Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee.
I understand that this Instruction may remain with the Royal Hospital for Neuro-disability and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)

Date

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
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Banks and Building Societies may not accept Direct Debit Instructions for some types of account

Name(s) of Account Holder(s)

To The Manager

Bank/Building Society Account Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Branch Sort Code

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
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Gift Aid Declaration

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Tick here and make your gift go 25% further with Gift Aid

Yes, I am a taxpayer and I want to increase my donation by 25% at no extra cost to me. I would like the Royal Hospital for Neuro-disability to reclaim the tax I've paid on any donations I have made in the previous four years and any future donations I make.

(As a UK taxpayer, if you pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all your donations in that tax year, it is your responsibility to pay the difference.)

Registered Charity number 205907