



*Respite nursing for
Oxfordshire's
Sick
Youngsters*

STANDING ORDER FORM

Your Bank address To: The Manager
..... Post Code

Your full name and address I (Title)
IN CAPITALS of (Address) Post Code.....

request you to pay to Lloyds Bank plc, 87, London Road, Headington, Oxford OX3 9AB to credit the Oxfordshire Primary Care Trust Charity current account
ACCOUNT NO. 01819428 SORT CODE 30-94-04

the sum of (amount in words)

Your payment amount, date, frequency & duration £ monthly/quarterly/annually for.....years (..... payments in all)/until I notify you otherwise
Starting on day of Year

Your signature Signature

Your account no. & Sort Code

Account Number								Sort Code						

If applicable:

GIFT AID DECLARATION

Your full name and address I (Title)
IN CAPITALS of (Address)
..... Post Code

declare that I will be paying UK income tax or capital gains tax that equals or exceeds the amount of UK income tax to be reclaimed on my donations to ROSY (part of Oxfordshire Primary Care Trust Charity –registered charity no. 1091570), and would like all my donations to be treated as Gift Aid donations from the date of this declaration until I notify you otherwise.

Your Signature Signed Date

When completed please return this form to: Yaima Bacallao, Oxford Radcliffe Hospitals Charitable Fund, Manor House, Headley Way, Headington, Oxford OX3 9DZ, Thank You.