



St John

Eye Hospital, Jerusalem

Preceptory

.....
Preceptory No.
.....

REGULAR GIVING DONATION FORM

Yes, I want very much to help fight eye disease and save the sight of thousands of patients

PERSONAL DETAILS

Title: Name in full:

Address in full:

..... Post Code

Phone Number: E-mail:

PAYMENT INFORMATION

I'd like to make a regular donation of: £5 £25 £50 Other monthly/annually*

Starting on the 1st/15th/25th* of month year

**Please delete as applicable. Please allow 4-6 weeks between signing this form & the date of the first new payment.*

INSTRUCTION TO YOUR BANK OR BUILDING SOCIETY

Account Number: Sort Code:

Name of Account Holder (s)

Name and full postal address of your Bank or Building Society

To: The Manager

Address in full:

Please pay to National Westminster Bank PLC (60-05-37), 134 Aldersgate Street, London, EC1A 4LD, Acc No. 82189455

Signed: Date:

Please tick this box so that we can claim 25p from the Government for every £1 you donate – at no extra cost to you (UK Taxpayers only)* *giftaid it*

Signed: Date:

Please tick if you would like us to send you information on the Eye Hospital from time to time. We will not pass your details onto third parties.

Please return completed form with payment to:

St John Eye Hospital, Priory House
25 St. John's Lane, Clerkenwell, London, EC1M 4PP

Thank you for your support

Gift Aid Notes*

1. You must pay an amount of income tax and/or capital gains tax at least equal to the tax the St John Eye Hospital reclaims on your donations in the tax year (currently 25p for each £1 you give).
2. If in the future your circumstances change and you no longer pay income tax / capital gains tax equal to the tax we reclaim, you can cancel this declaration.
3. You may cancel this declaration at any time by notifying us – it will then not apply to donations you make on or after the date of cancellation or such later date as you specify.