

# SECTION ONE

## Gift Aid Declaration

Please send this completed Gift Aid Declaration to:

*The Hospital Manager  
Tarpoley War Memorial Hospital Trust  
14 Park Road  
TARPORLEY Cheshire CW6 0AP*

### For completion by the donor

I DECLARE (*Enter your FULL name IN BLOCK CAPITALS*)

that I

wish the following donations to **Tarpoley War Memorial Hospital Trust** to be treated as Gift Aid

1. All donations I have made since 6 April 2000 and all donations I make hereafter, unless I specify at the time that it is not to be treated as Gift Aid.
2. All donations I make from the date of this declaration until I notify you otherwise.

Signature:

Date:

Address :

# SECTION TWO

PLEASE ALSO COMPLETE THIS SECTION IF YOU WISH TO MAKE REGULAR PAYMENTS IN THE FUTURE BY STANDING ORDER

To: Bank Plc

Bank Address:

Bank Sort Code: Account Number

Account Name:

Date of 1st payment:

Please pay the sum of £ to

*National Westminster Bank plc,  
High Street TARPORLEY Cheshire CW6 0DZ,  
Sort Code 55-61-31 for the credit of the account*

TARPORLEY WAR MEMORIAL HOSPITAL TRUST Account Number: 24408670

Continue to make similar payments MONTHLY/ANNUALLY (*delete as required*) until this order is cancelled in writing, charging such payments to the debit of my account.