

Standing Order Form

Please return this form to Heal Kids Foundation at the following address:

Heal Kids Foundation
43 Times Square,
High Street
Sutton
Surrey
SM1 1LF

Your Details

Name (Mr/Ms): _____

Address: _____

Postcode: _____

Telephone: _____

Email: _____

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Tax Free Giving – Gift Aid enables us to claim back 25p for every £1 you give at no extra cost to you. If applicable, please tick the Yes checkbox.

- Yes, I am a UK taxpayer and I want the charity to treat all donations I have made for this tax year and the six years prior the year of this declaration, and all donations I make from the date of this declaration until I notify you otherwise, as Gift Aid donations.*
- No, I am not a UK taxpayer, I am unable to take part in the Gift Aid scheme.

* The amount of tax reclaimed by Heal Kids Foundation must not exceed the amount of Income and/or Capital Gains Tax you pay in any tax year.

Your Gift

I would like to donate each month

- £5 £10 £20 Other - £ _____

Starting on: _____ (DD/MM/YYYY), until further notice.

Your Bank or Building Society Details

Bank Name: _____

Bank Address: _____

Bank Postcode: _____

Account No: _____

Sort Code: _____

Your Signature: _____

Date: _____

Bank Use Only

To the bank manager: Please pay as detailed above to: National Westminster Bank, 115 High Street, Epsom, Surrey KT19 8DX
Sort code 60-08-01 for the credit of the Heal Kids Foundation account number 55627773