



BARTS GUILD Donation Form

Please complete this form in **BLOCK CAPITALS**

Title: Dr Prof Lord Lady Mr Mrs Ms Miss *please circle as appropriate*

Given Name: _____ Family Name: _____

Address: _____

City / Town: _____

County: _____ Postcode: _____

Telephone (home): _____ Tel. (mobile): _____

Email address: _____

Please tick this box if you are happy to receive information via email

DONATION DETAILS

Donation amount: £ _____

Payments should be made by Standing Order or cheque payable to 'Barts Guild'.

NOTE: a Standing Order will donate the same amount each year to the Guild until the order is cancelled.

Signed: _____ Date: _____

GIFT AID DECLARATION

**** Please complete this section ONLY if you wish your donation to go through Gift Aid ****

I want to Gift Aid the above donation and any additional donations/subscriptions that I make in the future or have made in the past 4 years to 'The Guild of the Royal Hospital of St Bartholomew'.

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

Signed: _____ Date: _____

NOTE: please inform Barts Guild if you (i) want to cancel this declaration, or (ii) change your name or home address, or (iii) no longer pay sufficient tax on your income and/or capital gains. If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.

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Once completed, please send this form, together with a Standing Order Request Form or a cheque, to:

**Hon. Treasurer, Barts Guild,  
St Bartholomew's Hospital, West Smithfield, London EC1A 7BE**



# BARTS GUILD

## Standing Order Form

Please complete the shaded boxes on this form in BLOCK CAPITALS

FOR THE ATTENTION OF THE MANAGER:

Name of Bank:

Address:

Postcode:

### ACCOUNT DETAILS

Account name:

Sort Code:

Account Number:

### BENEFICIARY DETAILS

Name of Bank:

Address:

Account Name:

NATIONAL WESTMINSTER PLC

PO BOX No.204, No 1 HATTON GARDEN, LONDON EC1P 1DU

**THE GUILD OF THE ROYAL HOSPITAL OF ST BARTHOLOMEW**

Sort Code: 56-00-20 Account Number: 09418490

Reference Number:

**BG** \_\_\_\_\_

### PAYMENT DETAILS

Amount: £

Amount in words:

Please pay the above amount on

*date*

*month*

20

*year*

and on the same date in subsequent years, until notified otherwise.

Signed:

Date:

Once completed, please send this form, together with the Donation Form, to:

**Hon. Treasurer, Barts Guild,  
St Bartholomew's Hospital, West Smithfield, London EC1A 7BE**

**PLEASE DO NOT SEND THIS FORM DIRECTLY TO YOUR BANK**