Regular giving form



Title:		First name:			Surname:		
Address:							
Postcode:							
Yes, I want to make a regular gift to Keech Hospice Care with a gift of £3 £6 £12 or my preferred amount of on the 15th of each month (please tick).							
Instruction to your bank/building society to pay by Direct Debit. Please fill in the form and send it to: Keech Hospice Care, Great Bramingham Lane, Luton LU3 3NT. Name and full postal address of your bank or building society.							
To: The Manager (Bank / Building Society) Address			Se	Service User number			
				6 9 6 1 9 1 DIRECT Debit			
				ference			
Postcode: Name (s) of account holder(s)			Ins Plea inst	Instruction to your bank or building society Please pay Keech Hospice Care Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Keech Hospice Care and if so,			
Branch Sort Code Bank/Building Society Account number				details will be passed electronically to my bank/building society. Signature: Date:			
			Da				

The Direct Debit Guarantee



This guarantee should be detached and retained by the payer.

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit Keech Hospice Care will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Keech Hospice Care to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by Keech Hospice Care or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society. If you receive a refund you are not entitled to, you must pay it back when Keech Hospice Care asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.



Gift Aid declaration form

Title:	First name:	Last name:
Addr	ress:	
Post	code:	
colled even		very £1 you have donated personally to Keech Hospice Care, we can ms - at no additional cost to you? This means your donation can go r patients living with a life-limiting illness.
	I am a UK tax payer*. Please treat as Gift A Keech Hospice Care in the past four years,	aid donations all qualifying gifts of money I make or have made to until I notify you otherwise.
	a UK taxpayer and understand that if I pay le ed on all my donations in that tax year it is m	less Income Tax and/or Capital Gains Tax than the amount of Gift Aid my responsibility to pay any difference.
	I am not a UK tax payer / I do not pay enou appropriate).	ugh tax each year to cover the tax on the gift (please delete as
-	Data protection	
r t	never to sell or swap your details. We wo	Care, we will treat your data with respect and promise ould, however, like to keep in contact with you about o, and how you can continue to help people living with
	☐ Tick here to OPT OUT of communicat ☐ Tick here to RECEIVE phone calls. ☐ Tick here to RECEIVE emails. ☐ Tick here to RECEIVE text message.	
		ech Hospice Care, Great Bramingham Lane, Luton, I letmehelp@keech.org.uk with your request.