



GRACE

Gynae-Oncology Research & Clinical Excellence

c/o St Luke's Cancer Centre
Royal Surrey County Hospital
Egerton Road
GUILDFORD
Surrey.
GU2 7XX

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www.grace.charity@btinternet.com

STANDING ORDER FORM

Please remit this form to your bank and send a copy to GRACE

If you pay UK Income Tax or Capital Gains Tax and you complete the declaration below, it will increase your gift by almost £1 for every £3 you donate.

To..... Bank

Branch..... Sort Code.....

Address

..... Post code

PLEASE PAY TO: CAF Bank Limited
25 Kings Hill Avenue
Kings Hill
West Malling
Kent. ME19 4JQ

Sort Code: 40-52-40
Account Name: GRACE
Account Number: 00013477

Amount £..... on..... Start Date

And thereafter monthly until this order is cancelled by me, charging such payments to my account numbered.....

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GIFT AID DECLARATION. I wish GRACE to consider all donations I make from the date of this declaration, until I notify you otherwise as Gift Aid donation. I confirm that I have paid, or will pay, sufficient UK income tax to cover this payment and all other payments.

Name

Address

..... Postcode.....

Signed Date

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