

# GIFT AID DECLARATION

Friends of Murambinda Hospital (Reg Charity 1073978)

I  title

of  (address)

Postcode

I would like Friends of Murambinda Mission Hospital to treat all donations I have made since 6 April 2000, and all donations I make from the date of this declaration until I notify you otherwise, as Gift Aid donations. I will notify Friends of Murambinda Hospital if I no longer pay an amount of income tax equal to the tax reclaimed on my donations.

Signature

Date  /  /

Please return this half of completed form to

The Treasurer,  
Friends of Murambinda Hospital  
East Park Cottage,  
Hutton Lane,  
Guisborough,  
Cleveland TS14 8AA

Please cut-----

## BANKERS ORDER FORM

To the manager of my bank  Date  /  /

Name of my bank  Bank plc

Address of my bank   
 Postcode

Please pay Friends of Murambinda account no. 40-52-40 00006100  
at Cafcash Ltd, Kings Hill, West Malling, Kent ME19 4TA

the sum of £  every  month/quarter/year\* \*delete as required

starting on  /  /  until further notice.

Please debit my account no.

Name (capitals)

Address   
 Postcode

Signed

Please return this half of completed form to your bank