

Regular giving form

Name (Mr/Mrs/Miss/Ms):

Address

Postcode

Email

Please pay The Queen Alexandra Hospital Home
£ per month/quarter/bi-yearly/yearly (delete as appropriate).

Account Number:

Name(s) of Account Holder(s):

Bank Sort Code: - -

Starting on date: - -

Bank name

Address

Postcode

Signature(s) Today's Date

Yes, I want QAHH to reclaim tax from HM Revenue & Customs on all donations made since 1 January 2001 and future donations until further notice.*

giftaid it (Please tick the box)

* To qualify for Gift Aid, what you pay in UK income tax or capital gains tax must at least equal the amount the charity will claim in the year

Please notify us if your circumstances or contact details change or you want to cancel this declaration.

How did you hear about QAHH? (i.e. word of mouth / advertisement etc...)

Please return this form to:

The Queen Alexandra Hospital Home

FREEPOST BR7 261

Worthing

BN11 4LJ

Office use only: Queen Alexandra Hospital Home, Account No: 10093912, Sort Code: 20-98-74 Branch: Barclays Bank plc, 1 Chapel Road, Worthing, West Sussex BN11 1EX

**Thank you for
your support.**