

# REGULAR GIVING/STANDING ORDER FORM



TO (NAME OF YOUR BANK)			
BANK ADDRESS			
POST CODE			
SORT CODE			
ACCOUNT NUMBER			
NAME OF ACCOUNT HOLDER			
I WOULD LIKE TO DONATE	£	START DATE	
TIME SCALE	WEEKLY <input type="checkbox"/>	MONTHLY <input type="checkbox"/>	YEARLY <input type="checkbox"/> ONE OFF PAYMENT <input type="checkbox"/>

Please pay to HSBC Bank, 35 College Street, Rotherham, S65 1AF, Account number 11219367, Sort Code 40-39-07 for the credit of Rotherham Hospice, Broom Road, Rotherham, S60 2SW

YOUR FULL NAME			
ADDRESS			
POST CODE			
TELEPHONE NUMBER			
MOBILE NUMBER			
E MAIL ADDRESS			
SIGNATURE			

**WHEN YOU HAVE COMPLETED THIS FORM PLEASE RETURN TO:  
ROTHERHAM HOSPICE, FREEPOST RTKE-SYLT-HBBS, BROOM ROAD,  
ROTHERHAM, S60 2SW**

For Office Use Only

Donor Number		Agreement Number	
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