

**CONTACT DETAILS – in CAPITALS please.**

Your Title ..... Your Forenames .....

Your Surname .....

Your Address .....

.....

..... Post Code .....

Telephone number.....

email: .....

**GIFT AID DECLARATION**

*Complete if you want your donation(s) Gift-Aided*

Dear ‘Friends of Kiwoko Hospital’,  
I declare my intention that tax be recovered under the Gift Aid Scheme on all donations I make to Friends of Kiwoko Hospital from 6th April 2008. I understand that I may notify you of cancellation of this agreement at any time. I understand that for donations to be treated as Gift Aid donations I must have paid income tax or capital gains tax equal to the tax you reclaim from my donations (25p for every pound given). If I cease to pay this amount of tax I will notify you.

Signed ..... Dated ...../...../ 20.....

**FOR A SINGLE GIFT**

Sum given £ ..... In writing .....

*Complete the Banker’s Order on the opposite page for regular giving and complete the Gift Aid Declaration if you want us to reclaim tax on your donation(s). For all gifts please fill in your contact details.*

**FOKH BANKER’S ORDER FORM FOR REGULAR GIVING**

I .....  
(Your Title and Full name in CAPITALS)

Of .....  
(Your Address in CAPITALS)

.....  
(Postcode)

Request you to pay to the: **Northern Bank Ltd.**, 77 Main Street, Bangor. Co. Down. BT20 5AF. N. Ireland. Branch number **95-02-52** for the credit of **FRIENDS OF KIWOKO HOSPITAL**, Account Number **41170805**

The sum of: .....(Amount in words)

£ ..... (Amount in figures) **Monthly / Yearly** (Delete which doesn’t apply)

Starting on the ..... Day of ..... 20.....

...../...../20.....  
(Date of your signature)

.....  
(Signature)

To .....  
(Name of your Bank in CAPITALS))

of .....  
(Address of your Bank in CAPITALS)

.....(Postcode)

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(Your Bank Account Number)

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(Your Bank Branch Number - Sort Code)

**Return the completed form to : FOKH, 30 The Close, Holywood. BT18 0AW N.Ireland. We will forward any completed Banker’s Order to your bank).**