

## Standing Order Form

## **YOUR DETAILS**

Please complete and return to: James Hopkins Trust, Kites Corner, North Upton Lane, Gloucester, GL4 3TR			
Title: For	rename:	Surna	ame:
Address:			
	Postcode:		
Telephone: Email:			
I do not wish to receive further communications from James Hopkins Trust			
STANDING ORDER AUTHORITY			
Please pay: The James Hopkins Trust			
Bank: Lloyds Bank, Lydney Sort Code: 30-95-29 Acc. Number: 00068742			
Amount: £	nount: £ Date of first payment:		
Account name: Bank name:		name:	
Bank address:			
Bank/Building Society Account No.			
Continue payments until further notice $\Box$			
Signature:		Date:	
MAKE A DONATION LEAVE A LEGACY			
Visit: www.jameshopkinstrust.org.uk		Visit: www.jameshopkinstrust.org.uk	
Visit. www.jaineshopkinstrastroig.ak			
Or donate with	CAF Charities Aid Foundation	justgiving fundraising made easy	wirgin money gi ving
If you Gift Aid your donation of £15.00, we could receive an additional £3.75 from HM Revenue and Customs at no extra cost to you.  If you are a UK taxpayer, please select the option below to Gift Aid your donation and make it worth 25% more, at no extra cost to you. Yes, I understand that James Hopkins Trust will reclaim 25p of tax on every £1 that I give and I would like to treat all donations I have made past, present and future as Gift Aid Donations, until I notify you otherwise.*			
Yes, I am a UK Taxpayer		☐ No, I am not a UK Taxpayer	
*By completing this form you are confirming that you are a UK taxpayer. You must have paid an amount of income or capital gains tax (VAT and council tax do not qualify) at least equal to the tax that all charities and Community Amateur Sports Clubs (CASCs) that you donate to will reclaim on your donations in the appropriate tax year. If you do not pay sufficient tax to cover the amount of Gift Aid claimed on your donations, it will be your responsibility to pay any difference. Please notify us if you want to cancel this declarations, change your name or home address, or no longer pay sufficient tax on your income and/or capital gains.			
Signature		Date:	