Your regular support will mean that you are giving the gift of care to those at the end of life



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Please fill in this form using a ballpoint pen and send to: Oakhaven Hospice, Lower Pennington Lane, Lymington, SO41 8ZZ Name & full postal address of your Bank/Building Society To: The Manager, Bank/Building Society	Service User Number: 2 9 5 8 0 0 Branch Sort Code:	me about future securely and Oak to view on our we	Hospice initiatives; (iii) Send me you haven Hospice will never share or sebsite www.oakhavenhospice.co.uk Ir donation by 25p caimed by the charity from the	ur regular magazine. Please be as sell them to any 3rd parties. Our fu c. of Gift Aid for every	sured that your details are held Il privacy statement is available £1 you donate
Address: Bank/building society account number:		 needed to identify you as a current UK taxpayer. In order to Gift Aid your donation you must tick the box I want to Gift Aid my donation of £ and any donations I make in the future or have made in the past 4 years to The Oakhaven Trust. I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax in the current tax year than the amount of Gift Aid claimed on all my donations it is my responsibility to pay any difference. Please notify the charity if you want to cancel this declaration, change your name or address or are 			
	remain with DDPay Ltd re Oakhaven Hospice and if so, details will be passed electronically to my Bank/ Building Society.	no longer pa Signature:	ay sufficient tax on your incom	e and/or capital gains Date:	giftaid it
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E12 E24 E36 E48 Please debit this from my Credit/Debit card: Please debit my Mastercard / Visa / Maestro (delete as app Card No Please ensure that you enter your card details in full	Other £ (Please specify) ropriate) (Maestro Only)	This guarantee This Guarantee If there are any you 10 working Hospice to coll If an error is ma	ct Debit Guarantee ee should be detached and ret e is offered by all banks and building s changes to the amount, date or frequent days in advance of your account being ect a payment, confirmation of the a ide in the payment of your Direct Debit d to a full and immediate refund of the	ained by the payer societies that accept instructions to puency of your Direct Debit, DD Pay Lt g debited, or as otherwise agree. If yo mount and date will be given to you it, by DD Pay Ltd re Oakhaven Hospic	d re Oakhaven Hospice will notify u request DDPay Ltd re Oakhaven at the time of the request se or your bank or building society,

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