

Standing Order form



Becoming a regular giver by monthly standing order is one of the best ways in which you can help UCARE. Regular giving allows us to plan ahead, and cuts our administration costs, which means more money can go to urology cancer research and education. You can fill in and return this form or you can do this yourself using our bank details at your own bank or through internet banking.

To: The Manager of

Your Bank Name: _____

Please pay: UCARE

In accordance with the following details: UCARE, CAF Bank Ltd, 25 Kings Hill Avenue, Kings Hill, West Malling, Kent KE10 4JQ

Account Number: 00017501 / sort code: 40-52-40

The sum of £ _____ monthly / annual payment

Commencing on (date...../...../.....) and continuing (monthly / annually) until further notice. Ref: _____ [inserted by UCARE]

Your Bank Address _____

Your Bank Post Code: _____

Name on your account to be debited: _____

Your Account Number _____

Your Sort Code: ____ / ____ / ____

Your name and address (essential for claiming gift aid)

Your Post Code: (essential for claiming gift aid) _____

Your signature (s) _____

You can cancel this Declaration at any time by notifying your Bank and UCARE
If in the future your circumstances change and you no longer pay tax on your income and capital gains equal to the tax that the UCARE reclaims, you can cancel your declaration.
If you pay tax at the higher rate you can claim further tax relief in your Self Assessment tax return, or if you are unsure if you qualify for gift aid ask HMRC for more information on www.hmrc.gov.uk

Gift Aid Declaration

I want UCARE to treat all donations that I make from the date of this declaration until I notify you otherwise as Gift Aid donations **including** all donations I have made for this year and the six tax years prior to the year of this declaration, and all donations I make from the date of this declaration until I notify you otherwise, as Gift Aid donations.

You must pay an amount of Income Tax and/or Capital Gains Tax at least equal to the tax that the charity reclaims on your donations in the appropriate tax year.

Date...../...../.....

Please return the form to:

UCARE
PO Box 677
Abingdon
OX14 9LZ

01865 767777
ucare@ucare-oxford.org.uk
www.ucare-oxford.org.uk