



**GIFT AID DECLARATION**

Completion of this form will increase the value of your donation to us as we can reclaim tax. Please do not complete this form if you are not a taxpayer. NB: If you pay higher rate tax you can claim further tax relief on your self-assessment tax return.

**To: Mobile Physio**

Full name..... (title).....

Full address .....

..... Post code .....

I wish you to treat all donations made by me since 6 April 2000 and all donations made by me hereafter as GiftAid donations. I confirm that I pay income tax at basic (or higher) rate and will inform you if I case to do so.

Signature.....Date .....

.....

**STANDING ORDER FORM FOR BANK**

This instruction cancels any previous order made in favour of the beneficiary named below

To: The Manager (bank or building society).....

Address of bank.....

.....

.....Postcode .....

Please pay to Barclays Bank plc, PO Box 33, Guildford, Surrey GU1 3AN (sort code 20-35-35) to the credit of **Mobile Physio** (South-West Surrey Mobile Physiotherapy Service) a/c no: 40316717

The sum of £ ..... to be paid monthly/quarterly/annually (please delete as required)

commencing on the ..... day of ..... 20.....

and thereafter for a period of ..... years (or) until otherwise instructed (delete as required)

Please debit account no: ..... held in the name of

(your name as it appears on the account) .....

Full address .....

.....

..... Postcode .....

Signature.....

Date.....

**Please return to:**

The Administrator, 19 Tilers Close, Merstham, Surrey, RH1 3HS