

Standing Order Form

Bradford and Airedale Eye Sight Trust



BAET

Barclays Bank,

Sort code:20-11-81 Account: 20191248

To: (insert name and address of your bank)

Sort Code: ____ - ____ - ____ Account No: _____

Please pay a regular gift of (tick appropriate box)

£2 £5 £25 £100 or other amount £

I wish to donate £ _____ (please also state the amount in words) _____
each month to Bradford and Airedale Eye Sight Trust

Please start on ____ / ____ / ____ and each month until further notice.

Signature: _____ Date: ____ / ____ / 20__

Title: (Mr/Mrs/Dr etc) _____ Name: _____

Address: _____

Post code: _____

Phone: _____ Email: _____

Tick the box to add an extra 25p to every £1 you give at no extra cost *giftaid it*

Yes, I pay tax in the UK. Please treat all donations I make or have made to the Bradford & Airedale Eyesight Trust in the past and for the future as gift aid donations until further notice.

(You must pay income tax/capital gains tax at least equal to the amount of tax reclaimed on your donations.)

Please send this form to:

BAET
c/o Miss Clare Green (Treasurer)
Eye Department
Bradford Teaching Hospitals Foundation Trust Duckworth Lane
Bradford
BD9 6RJ