



Prieten monthly Sponsorship form

I would like to become a **PRIETEN SPONSOR** and help with the care and support of one of Hospice Casa Albert's patients.

I would like to sponsor and be the 'PRIETEN' friend of (Patients name)_____

I would like to make a monthly gift of **£15**___ **£20**___ **£25**___ Please tick chosen amount or

Other amount **£**_____ (Please state)

STANDING ORDER INSTRUCTIONS TO YOUR BANK:

Please pay the sum indicated to: CRY IN THE DARK, ROYAL BANK OF SCOTLAND Plc
59 STREATHAM HIGH ROAD
LONDON SW16.
Sort Code:160093
ACCOUNT No:10021684

Starting (date):/...../..... and thereafter until further notice.

Signature:

Date:

Please debit my/our account as indicated above:

Account name:.....

Sort Code:..... Account No:.....

Name and address of Bank/Building Society: (N.B. If you decide to set up on line please still return this form stating so to us at the address at the foot of the page. Thank You).

Postcode:

Gift Aid: if you are a U.K. tax payer, your gift could be worth an extra 25%.

Gift Aid: I confirm that I am a U.K. tax payer and wish Cry in the Dark to treat all donations I make from now on as Gift Aid donations. I pay income tax and/or capital gains tax at least equal to the amount Cry in the Dark reclaims on my donations:

Signature:

Date:

My name & contact details: (Please print clearly)

Email:
Home Address: Postcode:
Phone No: