

**PAIN**

**PAIN RELIEF  
FOUNDATION**

DONATIONS

BY

BANKER'S ORDER



Registered Charity No. 1156227

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**DONATION DECLARATION FOR GIFT AID**

I wish to support the Pain Relief Foundation by making regular donations by way of a bankers order, and wish for the donations I make to be treated under the 'Gift Aid' rules.

TO: The Pain Relief Foundation  
 Clinical Sciences Centre  
 University Hospital Aintree  
 Lower Lane  
 Liverpool  
 L9 7AL

Note: If you pay income tax, tax on savings or shares or Capital Gains Tax, then the Pain Relief Foundation shall be able to reclaim tax from the Inland Revenue at the rate which is in force (currently 25% of your donation) that is £1.25 for every £5 which you donate to us. All that you need to do is to sign the declaration below.

*I confirm that all donations that I make on any date after the date of this declaration should be treated under gift aid rules and I authorise the Pain Relief Foundation to reclaim tax on my donations.*

Signed ..... Date .....

*I further confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax in each current tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charity shall claim. I further understand that other taxes such as VAT and Council Tax do not qualify as income or capital gains tax. I will instruct the charity to cancel the Gift Aid if I cease to pay sufficient income and/or capital gains tax.*

**Please complete the Banker's Order form on the facing page, sign it and send it with this declaration to the address above.**

If you pay income tax at the higher or rate or additional rate, you can receive the additional tax relief which may be due to you by contacting H.M. Revenue & Customs. You must include all Gift Aid donations on your Self Assessment Tax Return.

**BANKERS ORDER**

Name & Full address of your bank

TO: ..... Bank  
 Address .....

.....  
 Postcode .....

Please pay to HSBC Bank plc, 99-101 Church Street, Liverpool, Merseyside L2 6PG (40:29:08) for the credit of Pain Relief Foundation (A/c Number 84075366)

The sum of £ ..... (Words) .....

On the (Date) ..... Day of (Month) .....

And the same sum:

- **Annually** on the same day of each month for 4 years, making a total of 4 payments
- **Quarterly** on the same day of each quarter year for 4 years making a total of 16 payments
- **Monthly** on the same day of each month for 4 years making a total of 48 payments  
 (Note: please delete and initial as appropriate)

Signed ..... Date .....

Mr/Mrs/Ms/Title .....

Account Number .....

Address .....

.....  
 .....Postcode .....