



Granting Wishes for children with life threatening illnesses

## Standing Order Form

Every donation	on big or small helps us to grant the Wishes of children living with a life threatening illness
To the Manage	er of:Bank/Building Society
Full address o	f your Bank/Building Society:
Name(s) of acc	count holder(s):
Address of acc	count holders(s):
	Postcode:
Telephone Nur	mber:
Branch Sort C	ode (6 digits):
Your Bank/Bui	Ilding Society Account No:
Instructions to Bank/Building Society:	
Please pay:	When You Wish Upon a Star Natwest Bank University Branch Nottingham NG7 2AG
Account No: Sort Code:	49830457 60-15-49
From the acco	ount details in this instruction, in accordance with the following:
Amount: £	on the first day of each Month/Quarter/Year (delete as appropriate)
Date First payment to commence on:	
Gift Aid	
- Sift I II G	

Thank you for making a regular standing order donation to When You Wish Upon a Star.

Gift Aid – Means your donation is worth even more at no extra cost to you.

If you are a UK taxpayer, we can claim an additional 25p for every pound you donate.

I wish this and further donations I make to When You Wish Upon a Star to be treated as a Gift Aid donation.

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax in the current tax year than the amount of Gift Aid claimed on all my donations it is my responsibility to pay any difference



Signature: Date:





