**Regular Giving.**

**To give regularly, direct from your bank or building society account, please complete the Banker’s Order Form below and send it to Father Hudson’s Care at the address above. If you are able to Gift Aid your donations, please also complete the declaration lower down the page. Thank you.**

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| **Banker’s Order Form** |
| **Your full name and address** |  |
|  |
|  |
| **Postcode** |  | **Telephone no** |  |
| **Name of your bank or building society** |  |
| **Name(s) of account holder(s)** |  |
| **Account no.** |  | **Sort code** |  |
| **Instruction to your bank/building society.** |
| Please pay Father Hudson’s Society at Lloyds Bank, Coleshill, Birmingham B46 3BSsort code 30-92-18, account no. 00131143, account name Father Hudson’s Society No. 2 |
| the sum of | **£** | every |  | month |  | quarter |  | year |
| starting on |  | and debit my/our account accordingly. |
| *Starting date should be at least four weeks after the date of signing.* |
| **Signature(s)** |  | **Date** |  |
| Note to Bank: please quote the following reference number with each payment: | **RG** |
| **Please specify whether you would like your donation to be restricted for Brushstrokes Community Project or be used by Father Hudson’s Care wherever the need is greatest.** |
|  |  | Please restrict my donation for Brushstrokes |  | Please use my donation wherever the need is greatest |
|  |  |  |  |  |

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| **Gift Aid Declaration.** Gift Aid allows many supporters to boost their donations by 25p for every £1 they donate. Gift Aid is reclaimed by Father Hudson’s Care from the tax supporters pay for the current tax year.  |
| **Yes! I want to Gift Aid any donations I make in the future or have made in the past four years to Father Hudson’s Care.** I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference. Please notify Father Hudson’s Care if you want to cancel this declaration, change your name or home address, or no longer pay sufficient tax on your income and/or capital gains. |
| **Signed** |  | **Date** |  |

**Your gift will enable us to support destitute migrants and newcomers or people facing other difficulties. Thank you.**