

**FRIENDS OF THE  
TARABAI DESAI  
EYE HOSPITAL**

Registered UK Charity No. 1100170

**Bank  
Standing Order**

To: (your bank name and full address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your BANK ACCOUNT No.

SORT CODE

**to: CAF Bank Ltd**  
25 Kings Hill Avenue, Kings Hill, West Malling, Kent ME19 4JQ

Sort Code 40-52-40      Account No. 00014516

**Please pay**

Commencing on the \_\_\_\_ / \_\_\_\_ / 20\_\_

(Please tick one box)

- a Single payment only
- a Monthly Payment
- an Annual payment

the Sum of £ \_\_\_\_ . \_\_\_\_ until  further notice,

or to  \_\_\_\_ / \_\_\_\_ / 20\_\_ (tick one)

using this reference

(Please leave blank for Charity to fill in reference)

**Signed:**

Date: \_\_\_\_ / \_\_\_\_ / 20\_\_

*giftaid it*

Make your gift work harder

Use Gift Aid and you can make your donation worth more. For every pound you give to us, we get 28 pence from the Inland Revenue.

Please treat all my donations from 6 April 2000 and until further notice to be Gift Aid.

To qualify for Gift Aid, what you pay in income tax or capital gains tax must at least equal the amount we will claim in the tax year.

Signature:

Date:

Name:

Address:

Tel:

Email:

Please return the completed form to:

**Friends of the  
Tarabai Desai Eye Hospital**  
Spectrum House  
Hillview Gardens  
London NW4 2JQ

Tel: 020 8266 3300

Email:

eyecamps@securitworld.com