

I would like to donate...



To enable us to maximise your kind donation please **fully** complete section 1 with your **full** name and address, followed by section 2 to Gift Aid your donation, this is very important **to us**. Then finally section 3 or 4 for details of your donation. Thank You.

Section 1 - Please help us and complete your details here

Name:.....
Address:.....
.....
Post Code:.....
Telephone Number:.....
Email:.....

For Office Use Only

Section 2 – Gift Aid Declaration

Please Gift Aid my donation.

I am a UK taxpayer* and authorise St. Michael's Hospice to reclaim the tax on my donation. This will increase your gift at no extra cost to you. We are able to claim an extra 28p for every £1.00 donated.

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Date:.....

Signature:

I would like St. Michael's Hospice (North Hampshire) to treat all donations I have made in the four tax years prior to this year and all future donations as qualified for Gift Aid until I notify you otherwise.

*For a donation 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.

Section 3 – Standing Order

Please pay St. Michael's Hospice (North Hampshire) £ monthly/quarterly/annually

Account Number:..... (Delete as appropriate)

Account Name:.....

Sort Code:.....

Start Date:.....(Please allow one month)

Bank Name:.....

Bank Address:

Postcode:.....

Signature:

Section 4 – Single Donation

Please find enclosed my donation of £

I enclose Cash /Cheque/Postal order/CAF voucher made payable to St. Michael's Hospice (North Hampshire).

Or Credit/Debit Card Payment:

Visa MasterCard Maestro Solo Card No:

Valid From: / Valid To: / Issue No: Security No:

Please debit my card to the value of £

Signature:

Please return to St. Michael's Hospice Fundraising Office, Basil de Ferranti House, Aldermaston Road, Basingstoke, Hants, RG24 9NB - Telephone number: 01256 848848

Charity Number: 1002856