



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 Giff 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.

Date:

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Signature:

I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities or St. Michael's Hospice (North Hampshire) that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 28p of tax on every £1 that I gave up to 5 April 2008 and will reclaim 25p of tax on every £1 that I give on or after 6 April 2008.

Section 3 - Standing Order

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

Account Number:

Account Name:

Sort Code:

Start Date: (Please allow one month)

Bank Name:

Bank Address:

Post Code: Signature:

Section 4 - Single Donation

Please pay 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: