

# Donation Form



I would like to donate  to **Love Your Hospital Charity**

**Payment Method** (please tick)

Cheque  Postal Order  CAF Voucher  Cash  
(please make payable to Love Your Hospital Charity) (please do not send cash in the post)

Credit Card Visa/MasterCard/CAF Charity Card (please delete as appropriate)

Card No:             Valid from /  to /

Name on Card

By Standing Order (please contact Love Your Hospital Charity to request a Standing Order Form)

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Please complete in **Block Capitals**

Title  Initial(s)  Surname

Address

Postcode  Tel. No. (inc. code)

Email

Signed  Today's Date

I (details above) would like all donations I make to the Love Your Hospital Charity from September 1, 2010 to be treated as Gift Aid donations. I understand that I must be paying income tax or capital gains tax at least equal to the amount being reclaimed by the Trust and that I can cancel this Gift Aid declaration at any time by writing to the Trust.

*giftaid it* **Gift Aid** increases your donation at no extra cost. Please tick

If you wish, please tell us why you have decided to make a donation. We'd love to hear your story. Continue on a separate sheet if necessary.

Please tick this box if you'd like more information about the Love Your Hospital lottery.  Please tick this box if you'd like us to contact you about volunteering opportunities.

Please tell where you picked up this leaflet

**Please post to Love Your Hospital Charity  
FREEPOST (SCE1529), CHICHESTER PO19 6BR**

Data Protection Act: your details will only be used in connection with our activities and will not be disclosed to any third party without your permission.

**Thank you for supporting Love Your Hospital Charity**