

Donation Form (completed by donor)



Title: First Name: Surname:

Address:

Postcode: Telephone Number:

Email:

Amount: Cheque Cash CAF

Additional Information

Donation in Memory of: Relationship:

Please notify next of kin (where possible): Yes No

Reason for donation or details of event/sponsorship/support:

Gift Aid Declaration

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Please treat as Gift Aid donations, all qualifying gifts of money made today, in the past four years and in the future.

I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and want St Barnabas Hospices (Sussex) Ltd to reclaim 25p of tax on every £1 that I have given on this date, in the past four years and in the future. I 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.

I am not a tax payer

Signature: Date:

Please notify the charity 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 tax.

Keeping in Touch

We will contact you if necessary regarding your donation. We would also like to keep you posted with occasional news about our events and activities. Please select one of the following 3 options:

I already receive communications from St Barnabas House, please continue to contact me in the usual way.

OR

I would like to receive information from St Barnabas House in the future including the newsletter.

Please tick all the ways in which you are happy to hear:

Post Email Phone

OR

I never want to hear from St Barnabas House again.

We will never share your details with other organisations to use for their own purposes. You can find out more about how we use and look after your data through our privacy notice which is on our website.