

Donation Form

Please complete the form and return it to: Finance Department, Phyllis Tuckwell Hospice, Waverley Lane, Farnham GU9 8BL.

Your details: Title: Forename: Surname:

Full Home address:

..... Postcode:.....

Tel No: Email address:.....

In memory of / in lieu of (if applicable).....

I enclose a donation of £ and I wish to pay by *(please tick as appropriate)*

Cheque *(please make cheques payable to Phyllis Tuckwell)*

CAF Voucher Cash Credit Card: MasterCard / Visa *(delete as appropriate)*

Card Number: _ _ _ _ _ _ _ _ _ _

3 digit Security Number: _ _ _ Expiry Date: ___/___

Signature.....

Would you like an acknowledgment of your donation? Yes By email ok? No

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Boost your donation by 25p for every £1 you donate! If you are a UK taxpayer, **Gift Aid** can be reclaimed by Phyllis Tuckwell Hospice Care from the tax you pay for the current tax year – *at no extra cost to you!*

In order to Gift Aid your donation(s) you must fill out your full name and home address details above, and tick this box: **I want to Gift Aid my donation and any donations I make in the future or have made in the past 4 years to Phyllis Tuckwell Hospice Care.** I am a UK taxpayer and 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. Date

Please notify us if you want to cancel this declaration /Change your name or home address details /No longer pay sufficient tax on your income and/or capital gains.

Keeping you in touch

We will add your details to our postal mailing lists, in order to provide you with information about your donation and other ways that you can support us. We respect your personal information and privacy and will not share or sell your information to other organisations for marketing purposes.

Please tick here if you object to receiving occasional mail from us

If you are happy to hear about ways you can donate or raise funds for our vital work, in other ways please let us know below:

Email Yes No My email address is _____

Phone Yes No My telephone number is _____

FOR OFFICE USE: TRANS SHEET NO..... DATE..... AMOUNT.....

CONSTITUENT ID NAME..... APPEAL..... Ack