



Donation Form

MAKE A DONATION

I would like to make a one-off donation of: _____

I am donating to Great Oaks Hospice because: _____

I enclose a cheque / postal order / CAF voucher (delete as appropriate) to Great Oaks Hospice OR I would like to pay by card, here are my card details:

Card Type (please tick): Maestro Delta MasterCard Visa

Card Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Security Code: Valid From: - Expiry Date: -

Signature: _____

Date: ____ / ____ / ____

BECOME A REGULAR DONOR

I would like to make a regular gift each month / quarter / year (delete as applicable)

£5 £10 £15 £20 Other £.....

Starting as soon as possible OR on the 1st / 15th* of ____ month ____ year

**please delete as applicable*

Account Name (as shown on your card/bank statement): _____

Bank/Building Society Account Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Sort Code:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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To The Manager, Name of banks / building society: _____

Branch Address: _____ Postcode: _____

Please note that banks and building societies may not accept direct debit instructions for some types of accounts.

INSTRUCTION TO YOUR BANK/BUILDING SOCIETY TO PAY BY DIRECT DEBIT

Please pay Great Oaks Hospice Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit guarantee. I understand that this instruction may remain with Great Oaks and if so, details will be passed electronically to my bank/building society.

Signature: _____

Date: ____ / ____ / ____

GIFT AID DECLARATION

Title*: _____ First Name(s)*: _____ Last Name*: _____

Address*: _____

_____ Postcode*: _____

Email: _____

Mobile: _____

Home Telephone Number: _____

Amount*: _____

*Mandatory field

MAKE YOUR GIFT WORTH EVEN MORE AT NO EXTRA COST TO YOU!

Do you pay tax? If so, by simply completing this form you can boost the value of your gift by 25p for every £1 you donate.

Please tick if you are a UK taxpayer and would like to sign up to gift aid. Yes I want to Gift Aid my donation of the amount stated above and any donations I make in the future or have made in the last 4 years to Great Oaks Hospice. I am a UK tax payer 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 the difference. If my status as a tax payer changes, I will inform Great Oaks Hospice.

Please tick if you are not a UK tax payer.

Signature: _____

Date: ____ / ____ / ____

Notes:

Please notify Great Oaks if you:

- Want to cancel this declaration
- Change your name or address
- No longer pay sufficient tax on your income and/or capital gains

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self Assessment tax return or ask HM Revenue and Customs to adjust your tax code.