



Name .....

Address .....

..... Postcode .....

Telephone .....

I wish to make a donation of £ .....

**Gift Aid Declaration:** Are you a tax payer? Yes  No

Surname..... (Mr/Mrs/Miss/Ms)

First Name(s)..... Address .....

.....

Postcode .....

I confirm that the personal details (name, address etc) on this form relate to me. I will notify any change to my name or address to St Andrew's Hospice. I want all donations I have made to St Andrew's Hospice during the last 4 years, and all donations I make thereafter, to be treated as Gift Aid donations and I want the Hospice to reclaim tax on my donations under the Gift Aid scheme. I understand I can cancel this declaration at any time.

Signed..... Gift Aid allows us to claim back 25p for every £1 you give us, boosting the value of your donation by a quarter.

Date ..... All you have to do is sign the declaration here.

### Thank you for your kind donation

We really value your support and would like to stay in touch to keep you up to date on the work of St Andrew's Hospice including our events and fundraising activity. Please indicate all of the ways we can keep in touch with you in the boxes below:

I do NOT wish to receive information by post

I DO wish to receive information by email

I DO wish to receive information by text message

I do NOT wish to receive information by telephone

Data Protection: St Andrew's Hospice will hold the information you have given us and will keep you informed about the activities of the Charity. We will never sell or share information with other organisations for marketing purposes not related to St Andrew's Hospice.