



| Name | |
|--|---|
| Address | |
| Postcode | |
| Telephone | |
| I wish to make a donation of £ | to St Andrew's Hospice |
| 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. | |
| | Gift Aid allows us to claim back 25p for every £1 you give us, boosting the value of your donation by a quarter. All you have to do is sign the declaration here. |
| Thank you for your kind donation | |
| Please select the ways we can keep in touch with you: | |
| Post | |
| -mail | |
| ext Message | |
| elephone | |
| lo Contact | |

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. We will never sell or share information with other charities or organisations for marketing purposes not related to St Andrew's Hospice.