



Bedfordshire Hospitals NHS Charity

Donation Form

Please fill in your details in BLOCK CAPITALS and complete the relevant section below, including the Gift Aid Declaration if applicable.

Please return to Fundraising Team, Luton & Dunstable Hospital, Lewsey Road, Luton LU4 0DZ

Title _____ Full name _____

Address _____

_____ Postcode _____

Telephone _____

Email _____

Please note, to claim back Gift Aid we need your full name, address and postcode

Gift Aid Declaration

I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for the current tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities and Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for the current tax year.

I understand that other taxes such as VAT and Council Tax do not qualify.

I understand the charity will reclaim 25p of tax on every £1 that I have given.

One-Off Gift

I would like to make a donation of £ _____

I enclose a Cheque or CAF voucher made payable to **Luton & Dunstable Hospital Charitable Fund**.

I would like my donation to benefit the

L&D's General Charitable Fund

Other _____

Please note that if you do not indicate a specific fund, your donation will be placed into the L&D's General Charitable Fund for the Hospital to determine how best it can be used to support it's work.

Signature: _____

Date: _____

Regular Gift

I would like to make a regular donation, by standing order, of £ _____ each month/ quarter/ year (please delete as appropriate).

Please pay to:

Luton & Dunstable Hospital Charitable Fund

Acc no: 78434580

Sort code: 60-13-28

To (Name of bank): _____

At (Address of bank): _____

_____ Postcode: _____

Amount (in words): _____

Sort Code: __ - __ - __ Acc no: _____

To start on (insert date): _____

Signature: _____

Date: _____

The Bedfordshire Hospitals NHS Charitable Fund is a registered charity in England and Wales number: 1058704

<https://www.bedfordshirehospitals.nhs.uk/charity/>

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