

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

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: _____

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.

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: _____