

Please fill in your details in **BLOCK CAPITALS** on the reverse of this page and complete the relevant section below, including the Gift Aid Declaration if applicable.

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

In order to Gift Aid your donation you must tick the box: ☐

I want to Gift Aid my donation of £ _____ and any donations I make in the future or have made in the past 4 years to Luton and Dunstable Hospital Charitable Fund.

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax in the current tax year than the amount of Gift Aid claimed on all my donations it is my responsibility to pay any difference.

Gift Aid is reclaimed by the charity from the Tax you pay for the current tax year. Your address is needed to identify you as a current UK taxpayer.

Please notify the charity if you:

- want to cancel this declaration
- change your name or home 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.

Your donation could help...

them



and them



and thousands more



The Luton and Dunstable Hospital Charitable Fund is a registered charity in England and Wales: No. 1058704



Your Donation

Help shape the
Luton and Dunstable
University Hospital



L&D

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How can you donate?



- One off donation
- Regular monthly donation

You can do this by completing the form in this leaflet and handing it to cashiers at the hospital or posting it to us.

You can make a regular monthly donation via our website: www.ldh.nhs.uk/donate

Or Just Giving page (direct debit):
www.justgiving.com/ldhcf



By making a regular donation to the L&D Hospital Charitable Fund, you are supporting our patients, their families and our staff

The Luton and Dunstable (L&D) Hospital Charitable Fund is an independent registered charity. It helps to fund additional facilities and equipment, support medical research and provide the extras that make being in hospital more comfortable and a less distressing experience for patients and their families.

Through donations from patients, patients' families, community groups, general public and local businesses we have been able to support:

- Bereavement training for Midwives
- A prostate cancer probe and scanner
- State of the art Coronary Care Unit
- Less intrusive breathing equipment for babies
- Sensory equipment for the childrens' ward
- Accommodation for parents with babies in the Neonatal Intensive Care Unit.
- A dignified suite to deliver sleeping babies
- Dementia activity boxes
- Specialist seats in the Stroke Unit

These are a few of the areas we have made a difference with your donations

For more information about fundraising, or to discuss which ward you want your regular donation to benefit, please call the **Fundraising Manager on 01582 718 043**

or write to us and let us know of your gift;

**The Luton & Dunstable Hospital Charitable Fund,
Fundraising Team, Lewsey Road, Luton, LU4 0DZ**

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

Title	Full name
<hr/>	
Address	
<hr/>	
<hr/>	
Postcode	
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Telephone	
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Email	
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Please note, to claim back Gift Aid we need your full name, address and Postcode and date of donation.

Monthly donation

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: <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"/>	Acc no: <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"/>
To start on (insert date):	
Amount (in words):	
Signature:	
Date:	

Once completed and signed, please return to **Fundraising Team, Luton & Dunstable Hospital, Lewsey Road, Luton, LU4 0DZ** for help or any further information please call **01582 718 043**