Donation Form

Post your donation to us at **United LincoInshire Hospitals NHS Trust Charitable Funds**, **LincoIn County Hospital**, **Greetwell Road**, **LincoIn LN2 5QY**. Please complete **all** of your details to make your donation.

First Name:	Surname:
Email:	Telephone:
Address:	
	I would like to donate £
,	
I'd like to pay by: Mastercard 🗆 Visa 🗖 Switch/Maestro 🗆 Cheque 🗆	
Please make cheques payable to United Lincolnshire Hospitals NHS Charitable Funds	
Name on Card:	
Address to which the card is registered (If different from the above):	
Card Number:	
3 Digit Security Code (the last three digits on the reverse of the card):	
Expiry Date:	/ Start Date: / Issue No (if present):

If you would like to make a regular gift, please tick here to be sent a direct debit form \Box

If you pay income tax or capital gains tax your gift can go further with Gift Aid. You must have paid enough Income Tax and/or Capital Gains Tax to cover the amount that all charities and Community Amateur Sports Clubs you donate to, will reclaim for that tax year.

Council tax and VAT do not count. The charity will reclaim 25p of tax on every £1 that you donate, making your donation go further.

GIFT AID DECLARATION: I am a UK tax payer. I have read and understood the above information and would like United Lincolnshire Hospitals NHS Trust Charitable Funds to treat this gift, all future gifts and gifts I have made in the last 4 years as Gift Aid, until I inform you otherwise.

PLEASE TICK

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DATE: / / SI

SIGNATURE:

All donations are gratefully received; those given to the hospital trust in general provide the greatest flexibility for staff to determine those areas with the greatest need. We do however understand that you may wish to donate for a specific purpose close to your heart or to a ward or department which has taken care of you. Should you wish to specify please complete the section below.

If you would like the Trust to target your donation to the areas considered to be in greatest need please tick here $\ \square$

I would like my donation to benefit:

Hospital:

Ward/Department:

Please note, funds donated for certain items may be used to purchase other similar items for the benefits of patients and staff if the donated amounts exceed or do not reach the amount required. This is assured by Charity Law. Any funds not used within a 12 month period may, at the discretion of the Trustees, be used for the general benefit of Patients and Staff.

United Lincolnshire Hospitals NHS Trust Charitable Funds. Registered Charity Number: 1058065