retail therapy Gift Order Form

WEB

Name:

Address:

Post Code:

Daytime Tel:

Email:

By giving us your email address, you are giving us consent to contact you in this way.

Method of Payment

☐ I enclose a cheque/postal order to the value of £_____

(payable to The Hospice of St Francis)

Signed: Date:

If you prefer to pay by credit/debit card, please fill in this section

Name on card (Block Capitals)

☐ Visa ☐ Visa Electron ☐ Mastercard ☐ Maestro ☐ Delta ☐ Solo

Credit/Debit card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiry Date:_____ Start Date: _____ Maestro Issue No: _____

Security Code:_____ (last three digits on back of card)

Cardholders Signature: Date:

Gift Aid Declaration Use Gift Aid and you can make your donation worth more. For every pound you give us, we get an extra 28p from the Inland Revenue at no extra cost to you. **So just tick here** ☐

I wish all donations that I have made to the Hospice of St Francis in the last six years and all donations thereafter, to be treated as Gift Aid donations until further notice.

For your donation to qualify for Gift Aid, what you pay in income or capital gains tax must be at least equal to the amount we will claim in the tax year.

Signature: Date:

Please return your form to: Fundraising, The Hospice of St Francis, Spring Garden Lane, Off Shootersway, Northchurch, Berkhamsted, Herts. HP4 3GW.

We promise not to sell your details to anyone else. From time to time, the Hospice of St Francis would like to send you information about our work. If you would prefer us not to use your details in this way, please tick here ☐