DONATION FORM

In Memory gift

I/We would like to make a donation to St Francis:

☐ **£100** ☐ **£50** ☐ **£25** ☐ **£10** ☐ **Other £** _____

In memory of:

_____

I enclose a Cheque/CAF/Credit/Debit card payment made payable to 'The Hospice of St Francis' to the sum of £ _____

Credit / Debit card number (please delete as appropriate)

Expiry Date

Switch/Maestro Cards Only

Valid From

Issue No.

Security Code

(last three digits on back of card)

Signature **Date** DD/MM/YY

Please complete your address below

Mr/Mrs/Ms/Miss/Other

Full Name

Home Address

Postcode

Tel

Email

By giving us your email address you are agreeing to us contacting you by this method.

☐ **I do not require an acknowledgement**

Use GiftAid and you can make your donation worth more.

For every £1 you give us, we get an extra 28p from the Inland Revenue at no extra cost to you. So just tick below - it's that simple.

"I want all donations I have made to The Hospice of St Francis in the 6 years prior to this date and all future donations to be GiftAided until further notice"

I have paid UK Income and/or Capital Gains Tax at least equal to the tax that will be claimed on donations made in each tax year (currently 28p for each £1). **Please note that you must advise us if your tax status changes.**

☐ *(Please tick)* **Date** DD/MM/YY

If you are NOT a taxpayer, please tick here ☐

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 ☐

Please return this form to: The Hospice of St Francis, FREEPOST RRHC-JYBX-JCLZ, Spring Garden Lane, Berkhamsted, Herts. HP4 3GW

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