

Please complete all details in full and in capitals

Registered Charity No. 1011712

About you

Title: _____ First Name: _____ Surname: _____

Address: _____

Postcode: _____

Telephone Number: *(in case of queries)* _____

Email address: _____

About your gift

I enclose a donation of £ _____ for Katharine House Hospice.

I would like to pay by

cheque / postal order. *Please make cheques payable to 'Katharine House Hospice'*

Mastercard / Barclaycard / Visa. *Please sign and enter card details below*

Signature _____ Card Expires _____

Donation Details: *(reason for donation, any other information)* _____

Gift Aid

If you pay tax and complete this Gift Aid declaration we could claim almost a third extra from the taxman on your donation.

I want this donation and any other donations that I have made for six years prior to this (but no earlier than 06/04/2000) and any future donations until I give further notice. *

I am not a tax payer.

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* To qualify for Gift Aid, what you pay in income tax or capital gains tax must at least equal the amount we will claim in the tax year (currently 28p for every £1 donated.)

Thank You for your gift, you will receive a letter of acknowledgement from us shortly.

Please return to Katharine House Hospice, Weston Road, Stafford, ST16 3SB

Telephone: 01785 254645 Fax: 01785 247803

Email: info@khhospice.org.uk Web: www.khhospice.org.uk

OFFICE USE ONLY

Donation received by: *(print name)* _____ Date: ____ / ____ / ____

Department _____ Nominal _____ Journal _____