

Please complete all details in full and in capitals

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*

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@khospice.org.uk Web: www.khospice.org.uk

OFFICE USE ONLY

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

Department _____ Nominal _____ Journal _____