



Dorset County Hospital Charity In Memory Donation Form

My gift is in memory of.....

Personal Details

Title: Initials: Surname:

Address:.....

Postcode:..... * Telephone Number

Email:.....

* Dorset County Hospital NHS Foundation Trust Charitable Fund will keep your data in accordance with the Data Protection Act 1998. We do not share your details. If you would rather not receive further correspondence from the Charity, please tick this box

Donation Details

I enclose a donation of £25 £50 £100 £250 other £.....

Please make any cheques payable to "Dorset County Hospital Charitable Fund"

Credit/debit card donations are welcome. *Please complete the details below or call on 01305 255113 to make a telephone donation.*

Please debit my Visa MasterCard Debit Card Other (please specify).....

Name on Card:..... Card No:

Start date:/...../..... Expiry date:/...../..... Issue no. (Debit card only).....

Security no: (last 3 digits to be found on the signature strip on the back of your card)

Signature:.....

I would/would not (delete as appropriate) like an acknowledgement of my gift sent to:

Name

Address

..... Postcode

giftaid it **Make your gift worth even more...**

Do you pay tax? Yes No

If yes, your gift will be worth almost a third more to the Hospital Charity – at no extra cost to you. All you have to do is complete the details below.

I am a UK taxpayer and I would like Dorset County Hospital NHS Foundation Trust Charitable Fund to treat all donations I make in the future as Gift Aid donations, until I notify you otherwise. I declare I pay an amount of income or capital gains tax equal to the tax the Charity reclaims on my donations in that financial year.

Signature:.....

Date:.....

Thank you for your support. Please return this form to:

Fundraising Office, Dorset County Hospital, Trust HQ, Williams Avenue, Dorchester, Dorset, DT1 2JY