

## Donation Form



I would like to make a donation to Whittington Health's charitable funds and my details are as follows:

**Full name**

(please underline your surname): \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Post code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

I enclose a cheque for the sum of £ \_\_\_\_\_

Please make the cheque payable to **'The Whittington Hospital Charitable Funds'**

I would prefer that this money go to: (please tick where appropriate)

**Wherever it will be most useful**

**A specific area of the Whittington e.g. ward/ service/ department**

(please specify below)

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**If you would like to gift aid your donation, please tick this box**

I want to Gift Aid my donation of £ \_\_\_\_\_ and any donations I make in the future or have made in the past 4 years to Whittington Hospital Charitable Funds.

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

**Signature:** \_\_\_\_\_

Please notify the charity if you:

- want to cancel this declaration
- change your name or home address
- no longer pay sufficient tax on your income and/or capital gains

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.

**Please send your cheque and completed donation form to:**

**Whittington Hospital Charitable Funds**

**Fundraising Office**

Jenner Building  
Whittington Health  
Magdala Avenue  
London  
N19 5NF

The Whittington Hospital Charitable Funds **will not** pass on your details to any other companies. We might, however, contact you about future fundraising events that we organise. **If you do not want to receive this information, please tick this box**

**Registered Charity no. 1056452**