# DONATION FORM

Please return this form to CNWL NHS Health Charity, Regents Place, 350 Euston Road, London, NW1 3AX or by using the Freepost envelope provided.

NHS Health Charity

## YOUR DETAILS

| Title: | Forename: | Surname: |
|---|---|---|
| Full home address: | | |
| | | |
| Postcode: | Date: | |

## YOUR DONATION

Amount £

☐ I enclose a cheque/postal order/charity voucher made payable to CNWL NHS Health Charity

☐ Please debit my Visa/Mastercard/Charity card

Card Number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiry Date ☐☐ / ☐☐

CVV ☐☐☐

Signature

Date

## GIFT AID

If you are a UK taxpayer, we can reclaim 25p for every £1 you donate.

£1 → £1.25

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☐ Yes, I want CNWL NHS Health Charity to treat all donations I have made for the four years prior to this year, and all donations I make from the date of this declaration until I notify you otherwise, as Gift Aid donations. I am a UK tax payer 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

☐ No, I am not a UK taxpayer

Date

## KEEPING IN TOUCH

Email

Phone

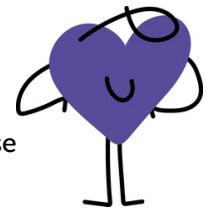
We'd love to keep in touch with you with news about our fundraising and events, and how you are making a difference to patients and staff at CNWL.

☐ Can we keep in touch by email? ☐ by phone?

☐ Would you like to **opt out** of being contacted by post?

You can change any of your preferences at any time by contacting us at cnwl.charity@nhs.net. For details on how your data is used and stored, please visit: https://www.cnwl.nhs.uk/cnwl-nhs-health-charity/privacy-policy

**THANK YOU!**



Registered with FUNDRAISING REGULATOR

Registered charity no. 1082989