



T 0117 414 0170
E hello@southmeadhospitalcharity.org.uk
W www.southmeadhospitalcharity.org.uk
A Southmead Hospital, Bristol BS10 5NB

Southmead Hospital Charity is the working title for North Bristol NHS Trust Charitable Funds

Registered Charity Number **1055900**

MY DONATION

MY DETAILS

Title	First Name
Surname	
Address	
Postcode	
Email	
Telephone	

MY WISH

We will always use your donation where the need is greatest, but if there is a particular area of the hospital you wish to support, please specify here:

MAKE MY DONATION GO FURTHER WITH *giftaid*

By ticking this box, I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and want Southmead Hospital Charity to reclaim tax on the donation detailed, given on the date shown. I understand that I must pay an amount of Income Tax and/or Capital Gains Tax in the tax year at least equal to the amount of tax that all the charities and Community Amateur Sports Clubs I donate to, will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 25p of tax on every £1 that I have given.

Please find enclosed my gift of: **£10** **£20** **£50** **£100** or **£**

I supplied a cheque, postal order or CAF voucher payable to Southmead Hospital Charity

MasterCard / Visa / Solo card / Amex / CAF Card (please delete as appropriate)

Card no: CVV Code:

Valid From: Expiry Date: Issue No (solo only):

Donor signature: Date:

MY REGULAR GIFT Instruction to your bank or building society to pay by Direct Debit



I'll donate **£** **each month/year** (delete as applicable) Service User No:

To: The Manager

Bank/Building Society name:

Address:

Postcode:

Name(s) of account holder(s):

Bank/Building Society Account No: Branch Sort Code:

Reference (to be filled in by SHC)

Instruction to your bank or building society – Please pay Southmead Hospital Charity Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with Southmead Hospital Charity and, if so, details will be passed electronically to my bank/building society.

Donor signature: Date:

PLEASE KEEP ME INFORMED

By ticking this box I confirm I would like to hear more about the charity's events and future plans for supporting North Bristol's hospitals. We will never pass this information onto third party organisations.