

Donation Form

DETAILS

Full name (please print):.....

Address:

Postcode: **Phone**

Email Address.....

WISH

Please tell us here where you want to help:

- Royal Sussex County Hospital Royal Alexandra Children's Hospital
 Sussex Eye Hospital Princess Royal Hospital
 Other (particular ward, department or project):

How

One off donation:

I would like to donate £ (please make cheques payable to BSUH Charity)

Regular Gift – Become a Hospital Hero

By becoming a Hospital Hero, you will be helping our four hospitals by providing monthly support we can count on, ensuring our preparedness for emergencies, and helping patients now and in the future.

I would like to give a regular sum of: £3 £5 £10 £20 £50 Other £

Every month Quarterly Until further notice.

Starting immediately or on: ____/____/____ (insert date)

Bank Details for Regular Gift

My Bank name.....

Address

..... Postcode

Account name (your name or business name)

Account number Sort Code

Please pay

Brighton and Sussex University Hospitals
NHS Trust Charitable Fund the sum
indicated above.

Nat West Bank PLC, RBS Group 2nd
Floor, 280 Bishopsgate, London EC2M
4RB

Account: 10012915 Sort: 60 70 80

Gift Aid

– Boost your donation by 25p of Gift Aid for every £1 you donate. Gift Aid is reclaimed by the charity from the tax you pay for the current tax year.

Your address is needed to identify you as a current UK taxpayer.

In order to Gift Aid your donation you must tick the box below.

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 Brighton & Sussex University Hospitals NHS Trust Charitable Fund. 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.

giftaid it

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

Donor Signature: _____ **Date:** _____

Please return completed forms to: BSUH Charity, Royal Sussex County Hospital, c/o Post Room, Eastern Road, Brighton BN2 5BE

Thank you very much for your kind donation.