

DONATION FORM



Thank you for your support!



Please post your donation to us at: **York Teaching Hospital Charity, Main Entrance, York Hospital, Wigginton Road, York, YO31 8HE**

First Name:

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I would like to support (department):

I would like to donate **£**

Please make cheques payable to:
York Teaching Hospital Charity

I would like to donate by: Mastercard Visa Switch/Maestro Cheque

Name on Card:

Address to which the card is registered (if different from above):

Card Number:

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Start date
(if present):

Issue no
(if present):

If you would like to make a regular gift, please tick here to be sent a form

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I would like York Teaching Hospital Charity to claim Gift Aid on my donation

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.

We will only use your contact information to keep you updated on our work. If you would prefer not to hear from us, please tick here

York Teaching Hospital Charity
Registered number 1054527