Donation Form

Thank you for your support, together we can make a huge difference.

First Name: 
Surname: 
Home Address: 
Postcode: 
Email: 
Telephone: 

I would like to donate £

to support York Teaching Hospital Charity

☐ Please use my donation to support the area most in need

☐ I would like to support (department):

☐ Cheque: Payable to York Teaching Hospital Charity

☐ Credit or Debit Card: Please phone 01904 724521 for secure payment


Please advise us of your bank transfer beforehand so we know it’s from you!

☐ Cash: In person at one of our Hospitals

GiftAid It

Increase your donation by 25p for every £1 you donate!

☐ I want to Gift Aid my above donation and any donations I make in the future or have made in the past 4 years to York Teaching Hospital Charity.

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.

Gift Aid is reclaimed by York Teaching Hospital from the tax you pay for the current tax year. Please notify us if your personal details or tax status changes. 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 return your form by post or in person to:
York Teaching Hospital Charity, Fundraising & Volunteering Hub,
York Hospital, Wigginton Road, York, YO31 8HE

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 ☐

I understand that York Teaching Hospital Charity will use the funds in the way that is most appropriate for the needs of the York Teaching Hospital NHS Foundation Trust, in line with our charitable aims and I cannot request purchase of specific items.