

# Donation Form

Personal details			
Title:		First name:	Surname:
Company/Group:			
Email:			
Address:			
Postcode:		Contact no:	

Data Protection
<p>As a valued supporter of Keech Hospice, we will treat your data with the utmost respect and never sell or swap your details with any third parties. We would however like to contact you about fundraising events as well as about our work and how you may be able to help support people living with a life-limiting condition.</p> <p><b>Please tick to confirm how you would like to hear from us.</b></p> <p>To OPT OUT of communication by post: <input type="checkbox"/></p> <p>To RECEIVE phone calls: <input type="checkbox"/></p> <p>To RECEIVE emails: <input type="checkbox"/></p> <p>To RECEIVE text messages: <input type="checkbox"/></p>

Donation Information
What is the reason for your kind donation today?
If your donation is in memory of someone, can you please provide us with a few details?
Name: _____ Relationship to you: _____
Were they a patient of Keech? Yes <input type="checkbox"/> No <input type="checkbox"/>
The money you have raised will help Keech Hospice continue its vital work for the local community. Please specify where you would like the money you have raised to be used:
Greatest need <input type="checkbox"/> Children's hospice <input type="checkbox"/> Adults' hospice <input type="checkbox"/>
Would you like to receive an acknowledgement for this donation? Yes <input type="checkbox"/> No <input type="checkbox"/>

**If you are a UK taxpayer, please turn over.**

To be completed by charity official (only enter amount if checked with donor)			
<input type="checkbox"/> Collection box	Total: £	<input type="checkbox"/> Cheque	Total: £
<input type="checkbox"/> Cash	Total: £	<input type="checkbox"/> CAF/Direct to bank	Total: £
<b>Total: £</b>		Donor to <b>sign here</b> to confirm amount:	
Received by (staff name): _____		Department: _____ Date: / /	

To be completed by finance/fundraising			
Donor no:	Source code:	App code:	
Letter code:	Pledge No:	Pledge closed:	
IRO:	Soft credit:		

# Gift Aid Declaration

## Personal details

Title:		First name:		Surname:	
Address:					
Post code:		Contact no:			

## Gift Aid Declaration

*giftaid it*

Did you know that if you are a UK taxpayer for every £1 you have donated personally to Keech Hospice, we can collect an extra 25p from the tax man (at no additional cost to you) meaning your donation can go even further in making the difference for patients with a life-limiting condition.

**Please tick, sign and date below to join the Gift Aid scheme.**

I am a UK taxpayer and want to Gift Aid\* this donation, and any I make in the future or have made to Keech Hospice in the past four years.

\*I am a UK taxpayer and understand that if I pay less income tax and/or Capital Gains Tax than the amount Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

**Signed:**

**Date:**     /     /

I am **not** able to Gift Aid my donations.

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

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 of your Gift Aid donations on your self-assessment tax return, or ask HM Revenue and Customs to adjust your tax code.

When completed, please return this Gift Aid form in the freepost envelope provided or to the address below.