



## Donate today and transform lives

### 1 Please fill in your details below

Title	First name	Surname
Address		
		Postcode

**Association to CH:** Old Blue  Parent  Staff  Other  (please specify)

**Keeping in touch.** We would love to keep you updated on Christ's Hospital and alumni news, events, how your support is changing lives, and other campaigns and projects. If you're happy to hear from us, please fill in your details below:

I'm happy to be contacted by telephone. **My telephone number is:**

I'm happy to be contacted by email. **My email address is:**

I'm happy to be contacted by text message. **My mobile number is:**

*The personal data you provide on this form will be stored and used in accordance with current UK data protection legislation. If you would like to know more about how Christ's Hospital uses personal data, please refer to our Privacy Notice online at: [www.christs-hospital.org.uk/privacy-notice](http://www.christs-hospital.org.uk/privacy-notice)*

### 2 Gift Aid It

**Boost your donation by 25p for every £1 you donate at no extra cost to you!**

*giftaid it*

Christ's Hospital can reclaim the tax you pay in the current tax year. The address on this form is needed to identify you as a current tax payer.

By ticking this box, I confirm that I want to Gift Aid my donation and any donations I make in the future or have made in the past four years to Christ's Hospital. I confirm 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.

*Please notify us 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 your Gift Aid donations on your Self Assessment tax return or ask HM Revenue and Customs to adjust your tax code.

### 3 Please indicate the fund you wish to support

Blue Fund Bursaries  Hardship Fund  Expeditionary Education  General Funds  Other:

### 4 Make a Regular Gift by Direct Debit

I would like to make a regular gift of:  £25  £50  £100 or Other amount: £

Every month  quarter  year  starting on 27th  (specify month)

#### Instruction to your Bank or Building Society to pay by Direct Debit

Full name and address of bank:

Name(s) of account holder(s):

Account Number:

Sort Code:

#### Instruction to your Bank or Building Society

Please pay Christ's Hospital Foundation Direct Debits from the account detailed in this instruction subject to the safeguards assured by Direct Debit Guarantee. I understand that this Instruction may remain with Christ's Hospital Foundation, and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s):

Date:



### or Make a Single Gift

I would like to make a single gift of:  £25  £50  £100 or Other amount: £

Please enclose a cheque made payable to **Christ's Hospital Foundation** or enter your card details below:

Cardholder's Name:  Visa  MasterCard  Maestro

Card Number

Start Date  Expiry Date  Security No.

### 5 Find out about a Gift in Your Will

I would like to receive more information about how to leave a legacy to Christ's Hospital (please tick)

**6** Please return the completed form to **The Development Office, Christ's Hospital, The Counting House, Horsham, West Sussex, RH13 0YP.** For more details please call **01403 246570** or email [development@christs-hospital.org.uk](mailto:development@christs-hospital.org.uk)



#### The Direct Debit Guarantee - This guarantee should be detached and retained by the payer

This Guarantee is offered by all Banks or Building Societies that take part in the Direct Debit Scheme.

The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.

If the amounts to be paid or the payment dates change Christ's Hospital Foundation will notify you 10 working days in advance of your account being debited or as otherwise agreed. If an error is made by Christ's Hospital Foundation or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid. You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.

