



A Gift in Memory Donation Form

Thank you for supporting the work of **Thames Hospicecare**

Please print out this form and send it, together with your donation, to:
Thames Hospicecare, Pine Lodge, Hatch Lane, Windsor, SL4 3RW
It would help us if you could print your details

About you

This information is used for our records and for payment purposes.

Title (please delete): Mr / Mrs / Miss / Ms / Other (specify)

First name:

Surname:

Address:

Post code:

In memory of

Email address

Telephone number:

Donation – please enter the amount you wish to donate

£

- I enclose a cheque payable to **Thames Hospicecare**
- I would like to make my donation using the credit/debit card listed below
- My card is Visa MasterCard CAF charity card Switch

Card Number

Expiry date: Start Date

Issue No (Switch only)

Security No on reverse of card

Signature:

Date:

Gift Aid Declaration

If you are a UK tax payer and would like us to treat this donation as a Gift Aid payment enabling us to claim a further 28p in every pound (with no further additional cost to you) please indicate below:
You must pay an amount of income tax and/or capital gains tax at least equal to the tax that the charity reclaims on your donation in the tax year

- I want Thames Hospicecare to treat all donations I have made since 6 April 2000 as **Gift Aid** and all other donations I make from the date of this declaration until I notify you otherwise. I confirm that I am a taxpayer.

Signature:

Date:

We would like to keep you informed about our fundraising activities and **Thames Hospicecare**, if you do not wish to receive this information please let us know by ticking this box

Should you wish for your details not to be passed onto a third party for fundraising purposes, please tick this box

If you would like to receive a monthly newsletter by email please tick this box

For office use only

Cheque	Cash	Postal Order	Noted By	Recorded By	Journal Number