



Donation Form

Full name:

Address:

Postcode: Telephone:

Email Address: Area Supporting:

Why are you donating?

You can see our privacy statement at www.somersetft.nhs.uk/about-us/our-charities-and-volunteers/yeovil-hospital-charity. We would like to contact you to keep you informed about our work. We will send you newsletters, updates and information about how you personally can help. If you prefer not to receive this information by post, please tick here

I am happy to be contacted by email

I am happy to be contacted by telephone

I am happy to be contacted by text message

Gift Aid

Boost your donation by 25p of Gift Aid for every £1 you donate. Gift Aid is reclaimed by the charity from the tax you pay for the current tax year. Your address is needed to identify you as a current UK taxpayer.

In order to Gift Aid your donation you must tick the box below:

I would like Yeovil Hospital Charity to treat this donation and any donations I make in the future and have made in the past 4 years as Gift Aid donations, until I notify you otherwise. 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.

Full name.....Date.....

Let us know if: you change your name or address; you no longer pay sufficient tax on your income and/or capital gains.

I would like to help Yeovil Hospital to continue to provide the best possible treatment and care by making a donation to Yeovil Hospital Charity.

I would like to donate £.....

By Cheque

Please make cheques payable to: **Yeovil Hospital Charity**

By Bank Transfer

Payee: Somerset NHS FT Charitable Funds

Bank Name: National Westminster Bank

Bank Address: 26-27 Fore Street, Taunton,
TA1 1JG

Reference: YEOVIL Your name

Sort code: 60 - 80 - 06

Account No: 29434017

Please return completed forms to: Fundraising, Yeovil Hospital Charity, Higher Kingston, Yeovil, BA21 4AT