

Title	First Name	Last Name	House name or number (Please do not use your work address)	Postcode	Your Donation	Date Paid	Gift Aid* (Please Tick)

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Please make cheques payable to 'Yeovil Hospital Charity'.

Yeovil Hospital Charity

Please send all cheques, along with your sponsor forms to **Yeovil Hospital Charity**, Higher Kingston, Yeovil, Somerset BA21 4AT.

EUNDRAISING REGULATOR



If you would like further information, please give us a call on **01935 383020** or email **Yeovilhospitalcharity@SomersetFT.nhs.uk**

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