

## **DONATION AND GIFT AID FORM**

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Title	First Name		Surname		
Address					
Postcode	Tel.	Mobil	e	Email	
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KEEPING IN TOUCH					
We would love to keep you up to day on our hospital charity news but due to changes in legislation we need you to opt-in to confirm your consent. Please can you confirm your preferred contact details above and indicate mailing preferences (please tick all that apply)  We do not share any data with any third party					
Postal Opt In   ☐ I am happy to be contacted about your work and appeals via post					
The second secon					
Telephone Opt In   I am happy to be contacted about your work and appeals via telephone					
Email Opt In      I am happy to be contacted about your work and appeals via email					
DETAILS OF YOUR DONATION					
If you would like your donation to benefit a certain ward or department please specify					
INCREASE THE VALUE OF YOUR DONATIONS WITH GIFT AID					
For every £1 you gi All you need to do i All your gifts to NNI Higher rate taxpaye please contact you □ I am a UK taxpay University Hospital		For every £1 you give, the gall you need to do is comple All your gifts to NNUH Char Higher rate taxpayers can oplease contact your Inland For I am a UK taxpayer. Pleas	the increases the value of your donation at no extra cost to you.  In the government will add 25p.  In the government will add 25p.		
GIFT AID DECLARATION					
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 and that I can cancel this Gift Aid declaration at any time by writing to the Charity					
Signature					Date
THANK YOU FOR SUPPORTING THE N&N HOSPITALS CHARITY (1048170)					
Fundraising 6 <sup>th</sup> Floor 20 Rouen Road Norwich Norfolk NR1 1QQ T: 01603 287107 E: fundraising@nnuh.nhs.uk					