

Cashiers Receipt No.	
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## **Donation Form**

Date:	I would like to make a donation to the Barnsley Hospital Charity	
Donors Details		
Title: Mr / Mrs / Miss / Ms (Please circle as applicable) Other		
Full Name:		
Address:		
Postcode:		
Tel:	Mobile:	
Email:		
<b>Reason for the donation</b> (Eg In memory of a loved one, in lieu of presents, fundraising activities, appreciation of care, general donation etc)		
Amount of donation:	Payment Type: Cash / Cheque / Card (Please circle as applicable)	
	<b>Delivery Method:</b> By Hand / By Post (Please circle as applicable)	
£	Name of Fund/Ward/Speciality:	
	Fund Reference(s):	
	h to receive a Thank You from the charity to be kept informed with Barnsley Hospital Charity news and events*	
<del></del>		

**Gift Aid** - Did you know, if you are a UK taxpayer, for every pound that you donate to the Barnsley Hospital Charity, we can claim an extra 25p from HMRC? If you are eligible, all you have to do is complete the declaration overleaf. The extra 25% of your donation can continue to help us to directly support the care and needs of Barnsley Hospital patients, and their families

<sup>\*</sup> Your addresses will only be used to keep you up to date with Barnsley Hospital Charity. It will not be passed onto any other organisation or used for any other purpose. You can unsubscribe at anytime.



## **Gift Aid Declaration**



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

In order to Gift Aid your donation and future donations please tick all the applicable boxes below:		
Th	ne donation detailed overleaf	
Al	I donations of money that I have made in the past 4 years	
Al	I future donations of money that I make	
I confirm that I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities or Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 25p of tax on every £1.00 that I have donated/I donate as I have indicated above until I cancel this declaration. I will inform the charity if I change my address or no longer pay sufficient tax on my income and/or capital gains tax.		
Signature:		

Please notify Barnsley Hospital Charity if you:

- Need to cancel this declaration at any time.
- Change your name or home address.
- No longer pay sufficient tax on your income and/or capital gains.
- If you are unsure whether your donations qualify for Gift Aid tax relief, please call Barnsley Hospital Charity on 01226 431650 or your local tax office.
- 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.