



St Richard's
Hospice

Donation Form

1 Your details

Title: First name: Last name:

Address:

Postcode:

Telephone: Email:

2 Your donation

Donation amount: £ ☐ Cash ☐ Card ☐ Cheque If cheque, please make it payable to: St Richard's Hospice

Would you like to dedicate your donation to a specific service or area? ☐ In-patient Unit ☐ Hospice at Home (including Community Nursing) ☐ Living Well ☐ Family Support Team ☐ All hospice care and support

Reason for donation:

Card number:

Expiry date: / 3 digit security no: We do not store card details nor do we share your financial details with any third parties outside of essential processing.

Card holder's name: Card holder's signature:

3 Gift Aid *giftaid it*

For every £1 you donate to St Richard's Hospice we can claim back 25p, at no extra cost to you.

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.

I will notify St Richard's of any change in my personal circumstances, such as name and address, if I no longer pay UK Income or Capital Gains tax, or if I wish to cancel the declaration by completing a [Change of Details Form](#).

☐ **Yes, I confirm I am a UK taxpayer and would like all my donations to St Richard's Hospice made now, in the past four years and in the future to be treated as Gift Aid donations.**

Signed:

Date:

Registered Charity Number: 515668

4 Contact preferences

From time to time we would like to keep you up to date with our hospice news, events and activities. Please let us know ways we can contact you:

☐ Email ☐ Phone ☐ SMS ☐ None of these options

Please return this form to: **St Richard's Hospice, Wildwood Drive, Worcester WR5 2QT**

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strichards.org.uk