



Newcastle Healthcare Charity (Reg. 502473)

DONATION DETAILS

NAME OF DONOR (PLEASE PRINT)

ADDRESS (PLEASE PRINT)

THE SUM OF :

FOR THE GENERAL PURPOSES OF THAT CHARITY

Without imposing any trust, I desire this sum to be used for the benefit of:

1) Which hospital is to benefit from this donation?

Unless indicated in a) or b) below, this donation will be used for the general benefit of all hospital areas

a) Is the donation for a particular Ward or Fund? (Indicate, if required)

b) Is the donation for a whole Department or Specialty? (Indicate, if required)

2) Is this donation entirely for Research Purposes? (Please delete appropriately)

Yes / No

3) If the donation is 'In Memory Of' someone, please give their name

4) Has the donation been raised through an event/sponsorship?
(Please indicate type of event/sponsorship)



Donations to the Newcastle Healthcare Charity can be increased by 25%... at no further cost to yourself!

Using Gift Aid means that for every £1 you give, we get an EXTRA 25p from HM Revenue & Customs, helping your donation go even further...

I am a UK taxpayer and have paid (income or capital gains tax) at least equal to the amount that the charity will be reclaiming in the tax year.

Signature

Date

Please return this form to:

Charity Fund Office, Room 203 Cheviot Court, Freeman Hospital, High Heaton, Newcastle upon Tyne, NE7 7DN

Thank you for your support