**SaTH Charity**

**The Shrewsbury and Telford Hospital Trust CHARITABLE FUNDS**

**(Charity registration no 1107883)**

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| --- | --- |
| Full name of Donor |  |
| Address incl postcode |  |
|  |
| I would like to donate the sum of £ |
| Signature …………………………………………………………………. |
| **GIFT AID DECLARATION** |
| Your full name and home address IN CAPITALS**OR**If the same as above please tick the box | I (title) …………………………………………….. of (Address)…………………………………..……………………………………………………………………………………………………………………………………………………………………………………………………………………Post Code …………………………………… |
| **Boost your donation by 25p of Gift Aid for every £1 you donate!** I declare that I am a UK taxpayer and would like SaTH Charity 1107883 to treat this donation, all future donations and all donations I made in the previous 4 years as Gift Aid donations from the date of this declaration until I notify the charity otherwise. I 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. |
| I would like my donation to benefit: …**Fertility Dept (Fund number S510R**)……………………………………………….If left blank donations go to the “general” fund to benefit the areas of most need. |
| Signature ……………………………………………………………………….. Date ……………………………………………. |
| SaTH Charity the charity of The Shrewsbury and Telford Hospital Trust CHARITABLE FUNDS (Registered Charity No. 1107883). When completed please return this form to: The Charity Office, SaTH Mytton Oak Road Shrewsbury SY3 8XQ. If you need help completing this form please call 01743 261446. Please remember to notify the charity if you: want to cancel this declaration/change your name or home address/no longer pay sufficient tax on your income and/or capital gains. |
| To be completed by SaTH Charity as appropriate |
| Recipient’s Name |  |
| Recipient’s Signature |  |
| Received | By hand | By post  |
| Date |  |  |