

Donation Form

Please hand the completed form below to the Cash Office, situated in the Atrium at Peterborough City Hospital, in Main Reception at Hinchingsbrooke Hospital or to the ward clerk or sister on the relevant ward. For Stamford Hospital, hand in at the reception desk. Hand in at the Outpatients departments at Doddington, North Cambs (Wisbech) and Ely, or send by post to:

Charitable Fund Administrator c/o Cash Office
Peterborough City Hospital
Department 406
Bretton Gate
Peterborough
PE3 9GZ

Cheques should be made payable to: **'NWAngliaFT Charity'**

(Credit and debit cards donations are also possible, please ring 01733 673412 or 01480 847417)

Donor Name:* _____

Donor Address:* _____

***Optional** – you could leave this blank but we would not be able to send a receipt or claim Gift Aid (for UK tax payers only)

Donation to: _____

(The General Fund benefits all areas of the Trust, or please specify hospital site/ specialty/ward/department you would like your kind donation to go to)

Donor Signature: _____

I wish the Charity to claim Gift Aid on my donation

(If you are a UK tax payer, by ticking here a £10 donation, with gift aid, will actually amount to £12.50 without it costing you any more)

I declare that I am a UK tax payer (please tick)

I am happy for my donation to be acknowledged in Trust publications

Your donation will make a difference and is very much appreciated

Thank You