



THE ROYAL ORTHOPAEDIC HOSPITAL
CHARITABLE FUND

Name a seat & take your place in the Max Harrison Lecture Theatre

Supporting research, teaching & innovation at The Royal Orthopaedic Hospital

Name a seat, and take your place in the Harrison Lecture Theatre, and celebrate the innovative advancements in orthopaedic education and research that have been shared there.

Over the next few years we are developing the Knowledge Hub, and refurbishing the Harrison Lecture Theatre. Your support will help keep the Royal Orthopaedic Hospital NHS Foundation Trust be the First Choice for Orthopaedic Care.

What knowledge will your seat impart?

From celebrating a revolutionary piece of research, to remembering a colleague, naming a seat provides an ideal solution to share advances in research and education, and to leave your legacy.

- Name a seat for just £100*
- Personalise your plaque with an inscription of up to 10 words
- The seat will be yours for at least 10 years
- You can visit your seat plaque for a photo opportunity and receive a commemorative certificate

We're here to help!

Please do not hesitate to call us if you like to talk through this with a member of our fundraising team!

To complete this sponsorship agreement, please fill out this form and return it to us at the below address, and we'll be in touch.

Please note we are unable to take payment without the sponsorship agreement being signed and completed.

**Seat selection is subject to availability and does not guarantee that you will be able to reserve this seat when using the Harrison Lecture Theatre.*

Fundraising & Communications Team,
Royal Orthopaedic Hospital Charitable Fund,
Bristol Road,
Northfield,
B31 2AP
Telephone : 0121 685 4379
Email: roh.charitablefunds@nhs.net

KNOWLEDGE | **HUB**



Registered Charity Number 1078046

Name a seat & take your place in the Max Harrison Lecture Theatre

Supporting research, teaching & innovation at The Royal Orthopaedic Hospital



The cost to name a seat in the Harrison Lecture Theatre is £100.00, and your plaque will be displayed for 10 years. Please complete the form and return to the address overleaf.

Donor Details:

Please tick this box if this is a gift

Name: _____

Organisation (If applicable): _____

Address: _____

Email Address: _____

Contact Number/s: _____

Please tick to confirm you are happy to be contacted in future to discuss this contract, and/or fundraising news & appeals

I would like to be contacted by? *Please tick*

Email

Post

Telephone

Plaque details:

I wish to sponsor _____ seat(s) at The Royal Orthopaedic Hospital

**PLEASE CAREFULLY WRITE IN CAPITALS THE TEXT YOU WISH TO BE DISPLAYED.
YOUR CHOSEN INSCRIPTION CAN BE UP TO 10 WORDS IN LENGTH.**

Please provide an explanation as to why you have chosen to name a seat/s :

Payment details:

I would like to pay via:

- Cheque,
- Credit/Debit Card
- Bank Transfer
- I would like to include an additional donation of £ _____ with my payment.

Please note: Payment will not be taken until the sponsorship agreement has been approved & a seat allocated. We will let you know when payment can be made.

Gift Aid Declaration

By simply filling in this Gift Aid declaration, we can claim an extra 25p for every £1 you donate at no extra cost to you.

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- I would like to gift aid this payment
- I confirm am a UK taxpayer and 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.

Please notify us if you wish to cancel this declaration, change your name or address or no longer pay sufficient tax on your income and/or capital gains. 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.

Declaration:

- I understand that Seat selection is subject to availability, and this agreement may take up to 1 week to process.

I (**print name**) _____ am signing to confirm that I understand that if agreed, this will be a binding contract that is valid for 10 years and that the text displayed on the seat will not be removed before the _____ unless otherwise requested.

Signature: _____

Date: _____

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