



THE ROYAL ORTHOPAEDIC HOSPITAL
CHARITABLE FUND
DONATION FORM

ABOUT YOU:

Title (please circle): Mr / Mrs / Miss / Ms / Dr / Other _____

First name: _____ Surname: _____

Address: _____

Postcode: _____

Telephone: _____ Email: _____

My preferred contact method is (please circle): Telephone Email Post

I am happy to receive charity news via my preferred contact method. This will include new appeals, events and updates

MY DONATION:

Please accept my donation of £ _____ on the ____/____/____

I am paying by (please circle): Cheque Cash Bank Transfer

Would you like to tell us more about why you have chosen to donate to us?

Is there anyone you would like to particularly thank or an appeal you would like to support?

Please tick one of the following:

I am happy for my donation to be used where it is needed most

I would like my donation to go directly to _____

(If for some reason this is not possible, we will contact you to provide alternatives)

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for every £1 donated
we get an extra 25p

I would like to Gift Aid my donation and any donations I make in the future or have made in the past four years to the Royal Orthopaedic Hospital Charitable Fund. 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.

Your personal information will only be used for ROH Charitable fund purposes and will not be shared elsewhere. You will only be contacted via the method you have chosen above.

Signed _____ Print: _____ Date: ____/____/____

WHY NOT BECOME A MEMBER?

We count on our members for feedback, local knowledge, fundraising and support. In return, you have the chance to find out more about The Royal Orthopaedic Hospital and get involved in activities to help improve the services we offer.

I would like to sign up today