



**GIFT FORM**

To make a donation to the Blue Fund, please complete this form and return to:

The Development Office, Christ's Hospital, The Counting House, Horsham, West Sussex, RH13 0YP

Please use a ball point pen and **BLOCK CAPITALS**.

Alternatively, you can donate via our website:  
[bluefund.christs-hospital.org.uk/donate](http://bluefund.christs-hospital.org.uk/donate)

*giftaid it*

IF YOU ARE A UK TAX PAYER AND ABLE TO ADD **GIFT AID**, PLEASE COMPLETE THE **GIFT AID DECLARATION OVERLEAF**.

**YOUR PERSONAL DETAILS:**

Title:  Address:

First name:

Surname:  Town/City:

Postcode:

Association to CH: Old Blue  Parent  Staff  Other .....(Please specify)

**Keeping in touch.** We would love to keep you updated on Christ's Hospital and alumni news, events, how your support is changing lives, and other campaigns and projects. If you're happy to hear from us, please fill in your details below:

I'm happy to be contacted by telephone. My number is:

I'm happy to be contacted by email. My email address is:

I'm happy to be contacted by text message. My mobile number is:

The personal data that you provide on this form will be stored and used in accordance with current UK data protection legislation. If you would like to know more about how Christ's Hospital uses personal data, please refer to our Privacy Notice which can be found at [www.christs-hospital.org.uk/privacy-notice](http://www.christs-hospital.org.uk/privacy-notice)

**OPTION 1 - REGULAR GIFT BY DIRECT DEBIT**

I would like to make a regular gift of: £10  £25  £50  Other amount: £

Every month  quarter  year  starting on 27th .....(please insert month)

**Instruction to your Bank or Building Society to pay by Direct Debit**

**Account Details:**

Name(s) of account holder(s):

Full name and address of bank:

Account Number:

Sort Code:

Signature(s)

Date:

Originator's Identification number 8 3 6 9 1 1



**Instruction to your Bank or Building Society**  
Please pay Christ's Hospital Foundation Direct Debits from the account detailed in this instruction subject to the safeguards assured by Direct Debit Guarantee. I understand that this Instruction may remain with Christ's Hospital Foundation, and, if so, details will be passed electronically to my Bank/Building Society.

Please complete the Gift Aid declaration overleaf *giftaid it*

This guarantee should be detached and retained by the payer

**The Direct Debit Guarantee**

This Guarantee is offered by all Banks or Building Societies that take part in the Direct Debit Scheme.

The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.

If the amounts to be paid or the payment dates change Christ's Hospital Foundation will notify you 10 working days in advance of your account being debited or as otherwise agreed.

If an error is made by Christ's Hospital Foundation or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid. You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.





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**OPTION 2 - SINGLE GIFT**

I would like to make a single gift of: £25  £50  £100  Other amount: £

Please enclose a cheque made payable to Christ's Hospital Foundation or enter your card details below:

Cardholder's name:  Visa  MasterCard  Maestro

Card Number

Start Date     Expiry Date     Security No.

**GIFT AID DECLARATION**

**Boost your donation by 25p for every £1 you donate through Gift Aid.**  
Gift Aid is reclaimed by the charity from the tax you pay in the current year.  
The address on this form is needed to identify you as a current tax payer.



Yes, I want to Gift Aid my donation and any donations I make in the future or have made in the past four years to Christ's Hospital. I confirm I 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.

**Signature:**  **Date:**

Please notify us if you:

- Want to cancel this declaration;
- Change your name or home 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.

If you have any queries, please contact the Development Office on **01403 246570** or [development@christs-hospital.org.uk](mailto:development@christs-hospital.org.uk)

Christ's Hospital Foundation, Reg. Charity No. 306975



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**FUNDRAISING  
REGULATOR**