



Make a regular donation

I would like to make a donation of: £10 £20 £50 Other

Monthly Quarterly Annually [For a single donation, please fill form overleaf]

Name of your bank/building society _____

Address of your bank/building society _____

_____ Postcode _____

Full Name(s) of account holder(s) _____

Your branch sort code no. - -

Your current account number

My annual gift is £200.00 Start Date - - (Date standing order should begin)

Your signature _____ Date _____

Instructions to Bank/Building Society:

Account Name: Basingstoke and North Hants Medical Fund. Account No. 00770720 Sort Code: 30-90-53
Bank Address: Lloyds Bank, PO Box 1000, BX1 1LT

From:

Name (Block Capitals) _____

Name(s) to be listed in newsletter _____

Address _____

_____ Postcode _____

Email Address _____

Phone Number _____

Reason for donation _____

PLEASE COMPLETE THE GIFTAID SECTION BELOW:

I wish to GiftAid my donation and any donations I make in the future or have made in the past 4 years to The North Hampshire Medical Fund. I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of GiftAid claimed on all my donations in that tax year it is my responsibility to pay any difference.

Your signature _____ Date _____

Please return original form to: Judith Charmer, North Hampshire Medical Fund, Freepost Plus RTBT-HHLB-GXGR,
Basingstoke and North Hampshire Hospital, Aldermaston Road, Basingstoke, Hampshire RG24 9NA



I would like to make a donation

The North Hampshire Medical Fund raises funds for specialist medical equipment for Basingstoke and North Hampshire Hospital. To date the charity has raised over £6 million for medical equipment across all areas of the hospital.

I would like to help with a donation of:

£

My personal details

Title _____ First Name _____ Surname _____

Address _____

_____ Postcode _____

Email _____ Phone _____

My payment details:

Please make cheques payable to North Hampshire Medical Fund or donate online.

Card Number - -

Name on card

Start Date -

Issue Number (switch/maestro only) -

Expiry Date -

Verification Code -

Your signature _____ Date _____

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