



Wills Fortnight

Donation Form

Your Will can help
secure our future.

Please complete this form and return in the envelope provided.
Cheques can be made payable to St John's Hospice or please provide payment card details below.

Thank you for supporting your local hospice.

Your Details:

Title: First Name: Surname:

Title: First Name: Surname:

Relationship:
(optional)

Address Line 1:

Address Line 2:

Town / City: Postcode:

Email Address:

Phone: Mobile:

Name of solicitor used:

Donation Details

Donation amount: £

Donate by Debit / Credit Card (Sorry we can't take American Express)

Name (As it appears on credit / debit card):

Card Number: Valid From: Expiry Date:

Security Code: (This is the last 3 digits shown on the signature strip)

Signature: _____ Date: / /

Donate by Cheque **Tick to donate by cheque** (Please make cheques payable to 'St John's Hospice')

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Please tick the box below to boost your donation by 25p of Gift Aid for every £1 you donate.

I want to Gift Aid my donation and any donations I make in the future, or have made in the past 4 years, to St John's Hospice, Lancaster. 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.

Gift Aid is reclaimed by St John's Hospice from the tax you pay for the current tax year.
Your address is needed to identify you as a current UK taxpayer.

This Gift Aid Declaration applies to both donors listed above? Yes No

If "No", please state donor's full name here:

Keep In Touch

Your support helps us to provide vital care to our patients and their families, and we look forward to keeping in touch with you by post and phone, sharing our news, activities and appeals.

Would you like to receive our emails too? Yes, I'm happy to hear from you by email (please provide your email address above) No, I would like to opt-out of ALL St John's Hospice emails

Even if you have received our communications in the past, we'll make sure we honour the preferences you express here.
If you would rather not hear from us, or would like to change how we contact you, please phone our Supporter Care Team on 01524 382538.

How would you describe your relationship with St John's Hospice? Please tick one main group:

Supporter Patient/Service user Friend or Relative Volunteer Member of Staff Prefer not to say Other

For Internal use: Date and Initial

DF Number: Donation Received: Contact Preferences Processed:

Donation Processed: Gift Aid Dec. Processed: