

THE ROBERT JONES AND AGNES HUNT ORTHOPAEDIC HOSPITAL CHARITABLE FUND

Registered Charity Number 1058878

RJAH Orthopaedic Hospital NHS Foundation Trust

Oswestry, Shropshire, SY10 7AG

Donation Details

I (print full name and title please)

Home Address

..... Postcode (essential for Gift Aid)give to

The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust as the trustee of The Robert Jones and Agnes Hunt Orthopaedic Charitable Fund *(Please make cheques payable to RJAH Hospital Charity)*

The sum of £..... for the general purposes of that charity

Without imposing any trust, it is my wish that my donation should be used to:

.....

Whilst we endeavour to spend your donation for the area you have designated, we do not routinely impose legal restrictions on any of the donations we receive. You should, therefore, be aware that the trustees may deem it appropriate to spend your donation in the support of other initiatives for the benefit of our patients.

Gift Aid Declaration (please cross through if not applicable or select appropriate statement)

Boost your donation by 25p of Gift Aid for every £1 you donate.

Gift Aid is reclaimed by the charity from the tax you pay for the current tax year. Your address is needed to identify you as a current UK taxpayer.

In order to Gift Aid your donation you must complete and tick one of the declarations below:

- I want to Gift Aid my donation of £_____ **and any donations I make in the future or have made in the past 4 years** to the Robert Jones and Agnes Hunt Orthopaedic Hospital Charity. 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.
- I want to Gift Aid my donation of £_____ **only** to the Robert Jones and Agnes Hunt Orthopaedic Hospital Charity. 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 my donation in this tax year it is my responsibility to pay any difference.

Please notify the charity if you:

- want to cancel this declaration
- change your name or home address
- 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.

Donor's Signature

Signature Date

Data Protection Act 1998

Please sign below if you agree to **The Robert Jones and Agnes Hunt Hospital Charity** keeping a record of your donation. Your information will only be used to administer charitable donations, and will not be passed to any third party commercial organisation. If you would like any further information about your rights under the Data Protection Act, please contact the Trust.

I agree to **The Robert Jones and Agnes Hunt Hospital Charitable fund** keeping a record of my personal information (as given above) to manage donations to the charitable fund.

Signed **Date**