



Donation Form

Please complete this form to make a donation to Leighton Hospital League of Friends

Name [Mr / Mrs / Miss / Dr /]

Address

.....

Post Code Telephone (with area code): /

I enclose a cheque for £ , made payable to Leighton Hospital League of Friends.

Taxpayers, please note that by declaring you are a basic rate taxpayer Leighton Hospital League of Friends is able to increase the value of your donation by 28p for every £1 you give by reclaiming the tax that you have already paid. All you have to do is sign the Gift Aid declaration below. Note: You must pay an amount of income tax and/or capital gains tax at least equal to the tax that we reclaim on your donations in the tax year.

Gift Aid declaration

I would like Leighton Hospital League of Friends to treat the enclosed donation as a Gift Aid donation and I confirm that I am a basic rate taxpayer.

Signed

Please send your cheque with the completed form to:

Mrs M. A. Andrews,
Treasurer,
Leighton Hospital League of Friends,
Leighton Hospital,
Middlewich Road,
Crewe,
Cheshire,
CW1 4QJ

Registered Charity No 502572