

Stars Appeal Donation Form



**Your Hospital,
Your Health,
Your Charity**

Your details:

Title: _____ Forename: _____
Surname: _____
Address: _____
Postcode: _____ Telephone: _____
Email: _____
Organisation name (if applicable): _____

I wish to direct my donation as follows:

Please leave blank if you wish for your gift to be used wherever the need is greatest.

MRI Scanner Campaign

To provide a second MRI scanner benefitting patients across Salisbury District Hospital.

A specific ward, department or fund. Please state in the box below

e.g. Pembroke Unit, Breast Care, Stroke Unit, Neonatal Unit, Children's Ward, Spinal Unit, Burns Unit, Downton Ward, Cardiac Care, Dementia Care.



One off donation:

I would like to donate £ Please make cheques payable to: **The Stars Appeal.**

Regular Gift - Become a Friend of the Stars

By becoming a Friend of the Stars, you will be helping Salisbury District Hospital to provide the best possible care both now and in the future by helping to fund vitally important projects. As a Friend of the Stars Appeal, you will receive a star lapel pin and Appeal Newsletter.

I would like to give a regular sum of: £3 £5 £10 £20 £50 Other £
(Please insert your own amount)

Every Month Quarterly Until further notice.

Starting immediately or on: / / (insert date)

Bank Details for Regular Gift

My Bank name
Address
Postcode
Account name (your name or business name)
Account number Sort Code Date:

Please pay

Salisbury District Hospital Charitable Fund
the sum indicated above.
Natwest, 48 Blue Boar Row, Salisbury SP1 1DF.
Sort Code: 54-41-19 Account No: 47011297

Signature:

Gift Aid - Make your gift grow by at least 25% at no extra cost to you.

Please tick
giftaid it Yes
Date: / /

I want to Gift Aid my donation and any donations I make in the future or have made in the past 4 years. 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.

You can also donate by credit card. Please call our office on 01722 429005 or visit www.starsappeal.org

We'd like to keep you up-to-date with our work. Please tick if you are happy to **receive** information by post/email

We acknowledge all donations. If you would prefer **not to receive** a thank you letter, please tick here

Please return this form to: **The Stars Appeal, Salisbury District Hospital, Salisbury, Wiltshire SP2 8BJ**
The Stars Appeal is a Registered Charity No. 1052284 01722 429005 info@starsappeal.org www.starsappeal.org

**Thank you
for your
support**