



Your Hospital, Your Health, Your Charity

Stars Appeal Donation Form

President: The Earl of Pembroke

I'd like to support Salisbury District Hospital's Charity.

Your details:

Title: _____ Forename: _____

Surname: _____

Address: _____

Postcode: _____ Telephone: _____

Email: _____

Organisation name (if applicable): _____

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

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:

Date:

Please tell us here if your gift is to benefit a particular ward, department or project

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



Please tick

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.

We keep all our supporters up-to-date. If you do NOT wish to receive information from us, please tick here:

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

**Thank you
for your
support**