

Keeping in Touch and Gift Aid Declaration Form

Thank you for your support. We are determined to do all we can to raise funds for specialist equipment, training and services to help improve treatment and facilities for our patients, their families and staff.

We would love to keep you updated about the work we do, this may include supporter newsletters, updates, appeals, events and volunteering opportunities. Your details will only be used by Harrogate Hospital & Community Charity and Volunteer Team – we'll never share your information with other organisations.

Name			Date of	Birth	1 1
Address					
Email					
Phone/Mobile					
My preference to hear	from HHCC a	are (tick all that a	pply):		
Post		Email		Phone	
giftaid it					
Boost your donation k	by 25p for eve	ery £1 you donate)		
Gift Aid is reclaimed by identify you as a curren			or the current tax y	⁄ear. Your full a	ddress is needed to
In order to Gift Aid an	y donation yo	u must tick the b	ox below:		
		ble donations I ma olunteer Team.	ke in the future to H	-larrogate Hospit	al
(I am a UK taxpayer and claimed on my donations			,		the amount of Gift Aid
Signature	Date:				
Please notify us if you sufficient tax on your inc			change your name	e or home addre	ess or no longer pay

Please return this form via email or post – details of which are below

Thank you for your support and the difference YOU continue to make!

Harrogate Hospital & Community Charity and Volunteer Team, Harrogate and District NHS Foundation Trust, Planning, 3rd Floor, HDFT, Lancaster Park Road, Harrogate, HG2 7SX

Tel: 01423 557408 or Email: hdft.hhcc@nhs.net