



DONATION FORM

Personal Details (block capitals please)

Title: _____ Forenames: _____

Surname: _____

Address: _____

_____ Postcode: _____

Email: _____ Daytime Tel No: _____

I enclose a donation of £_____ If you do not wish to be thanked please tick here

1. My cheque, made payable to BROOKE HOSPITAL FOR ANIMALS, is enclosed.

2. I prefer to pay by: VISA

Mastercard

Maestro

Switch

CAF

Please debit my credit card for £_____

Card Number (usually consists of 16 digits)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Issue Number (Maestro/Switch only): _____ Expiry Date: _____ Start Date: _____

Name of Cardholder: _____

Signature: _____ Date: _____

Gift Aid Declaration

I am a UK tax payer and I want to treat any donations that I have made during the previous four years and all future donations, until I notify you otherwise, as Gift Aid donations. I pay UK income tax and/or capital gains tax for each tax year (6 April of one year to 5 April of the next) at least equal to the tax amount the charity reclaims on my donations.

OR

I am not a UK tax payer.