# DONATION FOR

Please complete this form and return it to us at East Coast Hospice, Sussex Road Business Centre, Sussex Road, Gorleston NR31 6PF

### **1** Yes, I would like to make a donation to East Coast Hospice Title (please tick): Mr 🗌 Mrs 🗌 Miss 🗌 Ms 🗌 Other [ First Name Surname Address Postcode Telephone\* \*Please only provide your telephone and/or email address if you are happy for us to Email\* contact you about how your gift is helping and how you can donate and help in other ways.

<b>2</b> I would like to give a one-off donation	
I would like to give a donation of:	
<ul> <li>I enclose a cheque made payable to East Coast Hospice</li> <li>OR</li> <li>Please debit my debit/credit card with the amount specified.</li> </ul>	
Card number	(Maestro only)
Expiry Date (MM/YY)     Start Date* (MM/YY)     Issue No*	* (Maestro only)

## **3** I would like my donation to go even further:

#### Gift Aid allows us to claim back 25p of tax for every £1 you give, making your donations go further.

I am a UK taxpayer and I would like East Coast Hospice to reclaim the tax on all Qualifying donations I have made, as well as any future donations, until I notify them otherwise. (Please tick)

I understand that if I pay less income/ capital gains tax than the amount of gift aid claimed on all my donations in the tax year in which they are received, it is my responsibility to pay the difference.



Please remember to let us know of any changes to your tax status including changes to your name or address or if you need to cancel this agreement.

To enable us to claim Gift Aid on your donation, please ensure you have completed your name and address details above.

# Gift in wills

Please send me information about leaving a gift in my will to East Coast Hospice

#### 5 **Keeping in touch**

We are so grateful for your support, thank you. We would like to keep you updated with how your gifts help us as well as our news. By providing your contact details above, you agree to us sending you this information. If you would rather we didn't communicate with you in this way, please tick this box

Privacy Statement. East Coast Hospice will collect data from you to process your donation and personalise your supporter experience. Personal details collected this way will only be used to provide you with information you would reasonably expect or have agreed to. This may include using your data to analyse, research and profile our donor base, so that our marketing communications with you and others are appropriate and cost effective. You can withdraw your consent to us using your data in this way at any time by contacting our Data Manager on 01493 718707 or emailing office@eastcoasthospice.org.uk. We promise to make all reasonable efforts to keep your details secure and will never share these, except as required by law, with any other organisation or persons outside of East Coast Hospice.

MARGARET CHADD East Coast Hospice HOUSE COMPASSION - DIGNITY - PEACE - CHOICE