

# Charitable Fund Donation Form



Donors Full Name (Print): ..... Date:.....

Address (Inc. postcode): .....

Telephone: ..... Email:.....

Details of the donation:.....

I give permission for my donation to be included in the "Book of Celebration":  Yes  No

## Donation

In aid of the Royal Wolverhampton Trust Charity (name of dept/ward) .....

Corporate supporter (Business name) .....

Legacy:.....

In memory of (patients name): .....

Cheque (cheque to be made payable to RWT NHS Trust: £ .....  Cash: £ .....

Signed by donor: .....  Bank Transfer (Date):.....

Do you wish us to claim Gift Aid on your donation?  Yes  No



Did you know that if you are a UK taxpayer, you can help support us even further by allowing us to apply Gift Aid to your donation. This allow us to claim from the government an additional 25p of tax on every £1 you give at no additional cost to yourself!

Please see our Gift Aid Explained leaflet for further information.

## We'd love to keep in touch

We would love to keep in touch with you, and want to keep you updated with exciting news and updates about the work we do. If you would like to receive news and updates on our events, campaigns and successes we need your tick below

Email .....

Post .....

Phone.....

## The Royal Wolverhampton NHS Trust Charity - 1059467 Temporary Receipt

Donation received with thanks from..... for the amount of: .....

received on: ..... An official receipt and thank you letter will follow shortly from the relevant ward or department.

If you have asked us to claim gift aid, please notify the charity if you want to cancel this declaration, change your name or home address or no longer pay sufficient tax on your income and/or capital gains

To request further information about the Charity or if you are able to support our work again in the future, please contact the Charity & Fundraising Team on (01902) 694473 or email [rwh-tr.fundraisingteam@nhs.net](mailto:rwh-tr.fundraisingteam@nhs.net)

Thank you for your generosity.

If you have any queries regarding your donation, please contact Zoe Lees on 01902 481590.

**Trust Use Only**

Ward / Dept: ..... General Office: ..... Finance Dept:.....

Donation received by:..... Receiving Officer: ..... Officer: .....

Print Name:..... Print Name:..... Print Name:.....

Signed: ..... Signed: ..... Signed: .....

Position: ..... Receipt No: ..... Fund No: ..... Tax Claimed:.....

**Ward / Dept / GO please complete the temporary receipt below tear off and pass on to the donor.**

