

**Charitable Fund Receipt: Registered Charity No. 1050864.**

**Department:** \_\_\_\_\_

**Fund Number: 008** \_ \_ \_ \_ .

**Date:** \_\_\_\_\_

<p><b>Received From (Donor).</b> Please enter first names and family name (*delete as appropriate) <b>PLEASE PRINT.</b></p> <p><b>Mr/Mrs/Miss/Ms*</b> .....</p> <p><b>Address:</b> .....</p> <p>.....</p> <p>.....</p> <p><b>Postcode:</b> .....</p> <p><b>Tel No:</b> .....</p> <p><b>Email:</b> .....</p>	<p><b>SOURCE of DONATION</b> (please circle)</p> <p>a. Individual Gift (unsolicited)</p> <p>b. Community Event</p> <p>c. Sponsored Event</p> <p>d. Corporate Gift</p> <p>e. Regular Gift</p> <p>e. Other (in memory, tribute, etc.)</p> <p>.....</p> <p>.....</p>
<p><b>Amount: Cash /Cheque/Credit/Debit*</b> (*delete as appropriate).</p> <p><b>In figures - £</b>.....</p> <p><b>In words</b>.....</p>	<p><b>Additional Notes</b> <b>(mandatory):</b></p>

We like to keep supporters informed about our work. If you do not wish to be updated, please tick here:

**Gift Aid** – Boost your donation by 25p of Gift Aid for every £1 you donate. Gift Aid is reclaimed by the charity from the tax you pay for the current tax year.

Your address is needed to identify you as a current UK taxpayer.

**In order to Gift Aid your donation you must tick the box below.**

*giftaid it*

Please notify the charity if you:

- want to cancel this declaration
- change your name or home address
- no longer pay sufficient tax on your income and/or capital gains

**I want to Gift Aid my donation of £\_\_\_\_\_ and any donations I make in the future or have made in the past 4 years to Brighton & Sussex University Hospitals NHS Trust Charitable Fund. 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.**

Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Prepared By** (printed): \_\_\_\_\_ Date: \_\_\_\_\_

(signed) \_\_\_\_\_

**Thank you very much for your kind donation.**

**For CASHIERS use only:**

Charitable Fund Code: CRXH – **008** \_ \_ \_ \_ / (4571 / 4572 / 4754-475498)

**Donation / Legacy / Other Income**

**Batch Number:**

**Cashier Signature:**

**Date:**