

# Donation Form

Thank you for choosing to make a donation to Holbeach Hospital.

**Title**                      **First Name**  
**Surname**

**Address**

**I wish to donate: £**

**by cheque or postal order made payable to “Holbeach and East Elloe Hospital Trust.”**

## A Gift in Memory

If you would like to make a donation in memory of a loved one please fill in the following section:

**I would like to make a donation in the memory of:**

**Your relationship to them:**

**\*I would like Holbeach Hospital to treat this donation as Gift Aid    yes/no**

**If yes, please fill in separate Gift Aid Form and return with your donation**

**I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains tax for each tax year that is at least equal to the amount of tax that all the charities I donate to will reclaim on my gifts in that tax year. Other taxes such as VAT and Council Tax do not qualify.**