I wish to sponsor Your details Title: Full name: Address: Postcode: Tel: Email: I wish to sponsor for myself | as a gift | If a gift, please give recipient's details Title: Full name: Tel: Email: **Payment** Sponsorship for one year £10.00 *I'd like to make a donation I enclose a cheque for made payable to Leicestershire Wildlife Hospital. *Please use the standing order form to support LWH with a regular donation. You can become a *Friend* of LWH, receiving a copy of our twice yearly newsletter 'Your Wildlife Matters' and an invitation to our 'Friends' only days', by making a total annual contribution of £15.00 or more. Gift Aid declaration Title: Full name: Address: Postcode: Please treat as Gift Aid donations all qualifying gifts of money made L Please tick all boxes you wish to apply. I confirm I have paid or will pay an amount of Income Tax and/or Please notify Leicestershire Wildlife Hospital if Capital Gains Tax for each tax year (6 April to 5 April) that is at you want to: Cancel this declaration least equal to the amount of tax that all the charities or Community Change your name or home address Amateur Sports Clubs (CASCs) that I donate to will reclaim on my No longer pay sufficient tax on your gifts for that tax year. I understand that other taxes such as VAT

and Council Tax do not qualify. I understand the charity will reclaim 28p of tax on every £1 that I gave up to 5 April 2008 and will reclaim 25p of tax on every £1 that I give on or after 6 April 2008.

Signature:

Date: (DD/MM/YYYY) _ _ / _ _ / _ _ _ _

income and/or capital gains.

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self Assessment tax return or ask HM Revenue and Customs to adjust your tax code.

I would like to make a regular donation

We value all donations. If you would like to support our work with a regular donation, please consider completing the standing order form below.

| You | r details |
|-------------------------|---|
| Title | : Full name: |
| Add | ress: |
| | |
| | |
| Tel: | Email: |
| l wo | uld like to give: Monthly/Quarterly/Annually (delete as appropriate) |
| £2[| ☐ £2.50 ☐ £5 ☐ £10 ☐ £15 ☐ Other Amount ☐ |
| | would like to become a <i>Friend</i> of Leicestershire Wildlife Hospital. The total of my ual contribution will amount to £15.00 or more. |
| for ti <u>inf</u> or | rnet banking - You may use your internet banking to set up a regular standing order the amount of your choice. Once you have done this, <u>please return this form</u> to im us of your donation and Gift Aid it. Yes, I have set up this standing order through my internet banking |
| St | anding order form |
| | Bank/Building Society details |
| | The Manager Bank PLC/Building Society |
| | nch Address: |
| | Postcode: |
| You | r Bank/Building Society account number: |
| You | r branch sort code: |
| | name(s) of account holder(s): |
| | ress on account (your address) |
| | |
| | |
| <u>2. I</u> | Payment details |
| | se pay account name: Leicestershire Wildlife Hospital Building Fund k Sort Code: 20–49–08 Bank Account Number: 00561010 |
| | t payment: ount: (in words) £ (in figures) on / / (date) |
| Amo | oing payments: ount:(in words) £(in figures) on// (date) thereafter monthly/quarterly/annually (delete as appropriate) until further notice. |
| 3. (| Confirmation |
| Sign | ature: |

Thank you for your support

Please post your completed form to:

Leicestershire Wildlife Hospital Trust c/o 12 Rookery Close Kibworth Beauchamp Leicestershire LE8 0SD

T: 0795 1285 366

E: info@leicesterwildlifehospital.org
W: www.leicesterwildlifehospital.org
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