



Registered Charity No 1054108

DONATION FORM

To make your donation, simply complete this form with your credit/debit card details and return to:
Alma Hospital Trust, PO Box 260, Watford, WD18 8HA.

If you wish to pay cheque/ postal orders, please make payable to **Alma Hospital Trust.**

PLEASE USE BLOCK CAPITALS:

Title: Mr/Mrs/Ms OtherFull Name.....

Address

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.....Postcode.....

I wish to donate £.....

Please accept my cheque/ postal order payable to **Alma Hospital Trust.**

For Credit/ Debit Card Holders

Please debit my Visa, MasterCard, Switch, Visa etc.....(please type of card)

Card Number

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/ Expiry date

Issue Number (if applicable)

Please tick here if you would like the Alma Hospital Trust to reclaim the tax you have paid on all your donations to us since 6th April 2000 and any future donation(s) you may make. *

Signature..... Date.....

***In order for Alma Hospital Trust to reclaim the tax you have paid on your donations you must have paid income or capital gains tax (in the UK) equal to the tax that will be claimed (currently 28 for every £1 you give).**