



supporting life's journey together

Registered Charity: 1048685

Donation Slip

1. Make a donation

Title: _____ First Name: _____

Surname: _____

Address: _____

Postcode: _____

Date: _____

2. Make a donation

We would love to keep you posted with our news, activities and appeals. We will NEVER give your information to any other organisation without asking you first. You are free to change your mind at any time.

Please tick the box if you are happy for us to contact you in the future

3. Gift Aid

Gift Aid can be reclaimed from the tax you pay for the current tax year. Your address is needed to identify you as a current taxpayer.

Please tick to Gift Aid this and any donations you make in the future

4. Method of Payment

I enclose a cheque payable to 'BAY HOSPITALS CHARITY'

£ _____

I enclose a cheque payable Please debit my Visa/Mastercard/Switch Card (details below)

£ _____

CARD NUMBER:

Card Security Code



Start Date

End Date

Signature:

Date:

Bay Hospitals Charity
Royal Lancaster Infirmary
Lancaster LA1 4RP
T: 01524 516064

Bay Hospitals Charity
Furness General Hospital
Barrow in Furness LA14 4LF
T: 01229 404473