Make a single donation



My Details:				
Title:	First name or initial(s):	Surname:	_	
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I give	you permission to phone me	I give you permission to email me	-	
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I would like	to make a SINGLE donation of (ple	ease circle)		
£5 £	£10 £15 £20 £25 £50	0 £100 Other £		
(Please make	your cheques payable to the Liverpool He	leart and Chest Hospital Charity)		
Is there any	particular area of Liverpool Hear	t and Chest Hospital that you would like to support?		
	to Gift Aid it!			
	Aid my donation of £and ar Liverpool Heart and Chest Hospital Ch	ny donations I make in the future or have made in the pas harity.	t 4	
year th	UK tax payer and understand that if I	pay less Income Tax or Capital Gains Tax in the current to all my donations it is my responsibility to pay any differe		
Please don't	forget to sign and date your declarati	tion and return it to our Charity Office.		
Signature: _		Date:		
in future, contact y	you with newsletters, appeals and information about	ss your data in relation to its activities as a charitable fundraising organisation it events and offers. If you would like us to stop processing your data, please led or shared with other parties and is only used by ourselves.		

Thank you for supporting the Liverpool Heart and Chest Hospital Charity

Please return your completed form to: Liverpool Heart and Chest Hospital Charity, Thomas Drive, Liverpool L14 3PE



0151 600 1409

