**A logo of a sun and a letter

Description automatically generatedDONATION FORM**

You are quite simply **AMAZING!** Thank you so much for donating to Calderdale and Huddersfield NHS Charity. You are joining a community who go the extra mile to make sure we can improve the health and happiness of every patient in our 2 hospitals and across our communities.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Your Details** | | | | | |
| Your name | | |  | | |
| Your address: | | |  | | |
| Telephone number | | |  | | |
| Email address | | |  | | |
| **Donation Details** | | | | | |
| **Amount donated** | | |  | | |
| **Payment method** | | |  | | |
| **Is there a special reason you are donating to Calderdale and Huddersfield NHS Charity?** | | |  | | |
| **How did you raise the funds/donation?** | | |  | | |
| **Please specify the campaign/appeal/team/service/ward**  **to benefit from the money raised**  (We will honour the request whenever possible): | | | Make an Amazing Difference (General Fund) | |  |
| Specific ward or department (please state) | |  |
| **GIFT AID – Boost your donation by 25p of Gift Aid for every £1 you donate** | | | | | |
| I want to Gift Aid my donation and any donation I make in the future or have made in the past four years to **Calderdale and Huddersfield NHS Charity.**  I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax in the current year than the amount of Gift Aid claimed on all my donations it is my responsibility to pay any difference.  I understand that Calderdale and Huddersfield NHS Charity will reclaim 25p of tax on every £1 that I have given.  Please notify Calderdale and Huddersfield NHS Charity if you:   * Want to cancel this declaration * Change your name or home address * No longer pay sufficient tax on your income and/or capital gains   Tick here to confirm | | | | | |
| **Keeping in touch** | | | | | |
| If we need to contact you specifically about your fundraising activity or to update the personal data we store about you, we will use the contact details above. If you would also like to receive regular communications about the work of the charity and fundraising opportunities, please tick your preferred contact methods below: | | | | | |
|  | | | | | |
| Email | | Telephone | | Post | |
|  | | | | | |
|  | Tick the box if you consent to details of your fundraising activity, including your name, being featured on the Trust websites and social media platforms. | | | | |
| We promise to keep your data safe and never share it with third parties. Read our full privacy notice at [www.chftcharity.co.uk](http://www.chftcharity.co.uk/) | | | | | |
|  | | | | | |

**Once completed this form should be returned to:**

Calderdale and Huddersfield NHS Charity, Huddersfield Royal Infirmary, Lindley, Huddersfield, HD3 3EA.

For further details contact chftfundraising@cht.nhs.uk