

KINGSTON HOSPITAL NHS TRUST GENERAL CHARITABLE FUND

The official name of the charity. Charity Commission Registration Number 1056510

GIFT AID DECLARATION - Born Too Soon Fund

This form is used to accept any monetary (gift aid) donation to any of the hospital's charitable funds.

If the donor is a tax payer, full completion of this form will enable the Chief Accountant to recover taxation at 28.2% on the donated amount, thus increasing the benefit to the hospital.

SECTION 1. To be completed by the Donor of the monies

Full Name of Donor (no initials) :-

Donor's UK Address :-
postcode:-

Hospital Charitable Fund
This is Kingston Hospital NHS Trust's charity in the Neonatal Unit in Maternity

I HERBY DONATE THE SUM OF :- BOX A
gift aid amount in total

amount to buy equipment (optional)

amount for staff welfare (optional)

Is this gift aid donation BY A CHEQUE or CASH to the HOSPITAL CASHIER (Regent Wing 1st Floor)
Please tick the correct box
 Declaration tick if by cheque herewith (see note 4) tick if cash herewith

If you are a UK taxpayer please tick the box at the end of this paragraph (dark shaded box). A UK taxpayer means any person / ordinarily resident in the UK, who has paid tax, whether on earned /unearned income or capital gains tax in the current tax year, no matter at what tax rate (ie, 10% , 20% , 22% or 40%)
BUT you must have paid taxation at least equivalent to the tax deducted from the donation

Signature of Donor Date signed:- UK taxpayer please tick above box

SECTION 2. To be completed by the staff member receiving the donation

Print Name of Staff Member Job Title
Department or Ward

Declaration I hereby confirm that the sum of money shown in BOX A was received by me on the date shown below and I gave a receipt. I confirm that the donor understood that this was a gift aid donation.
Signature of Member of Staff Date signed:-

Now take the form and the donation to the Hospital Cashier, 1st floor, Regent Wing without delay

SECTION 3. To be completed by the Hospital Cashier only

Declaration I hereby confirm that the sum of money shown in BOX A was received by me on the date shown below. Forward original to Head of Accounting, keep own copy.
Signature of Hospital Cashier Date signed:-
= date received