Donation form



Please send your cheque and completed donation form to:

Alexander Devine Children's Hospice Service, Snowball Hill, Maidenhead, SL6 3LU

Please make your cheque payable to Alexander Devine Children's Cancer Trust

Please call **01628 822777** if you would like to pay by credit or debit card.

Today's date			
Title First name		Surname	
Address			
Postcode		Contact number	
Email			
How were your funds raised?	☐ Individual donation	☐ Fundraising Event	☐ Collection
Please provide any further de	tails		
Are you paying in funds on beha	alf of your company, grou	p or association?	es 🗆 No
If yes, which one?			
Make your gift worth moi	re at no extra cost		
•	If the money you are donation is an individual donation, we can boost your donation by an extra 25p for every £1!		
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	☐ Yes , I am happy for all gifts of money that I have made to Alexander Devine Children's Hospice Service in the past 4 years		
	and all future gifts of mo	oney that I make to be Gi	ift Aid donations.
I am a UK taxpayer and understand the amount of Gift Aid claimed on a			
difference. Gift Aid is reclaimed by			
tax year.			
Stay connected with us			
We would love to keep you update and families we support, upcome treat your details with the utmost purposes. Please tick below to lease	ing events and the different t care and we will never t	ence your support can ma sell them to other compa	ake. We will always
via mail	via email	via telephone	via text
. — —	yes no	yes□ no□ y	
By providing us with personal da	ata you consent to the ter	ms and conditions of our	privacy statement

available on our website. To update your preferences or unsubscribe at any time please get in touch

with the Fundraising Team on 01628 822777 or email fundraising@alexanderdevine.org

