St John

For the Faith and in the Service of Humanity

THE ST. JOHN OF JERUSALEM EYE HOSPITAL GROUP

A charitable foundation of
THE ORDER OF ST. JOHN

DONATION FORM

Yes, I want very much to help fight eye disease and save the sight of thousands of patients

Title ..... Name .....Surname .....

Address .....

Post Code .....Email .....

Telephone .....

☐ Please tick if you are a UK taxpayer and would like the St John of Jerusalem Eye Hospital Group to treat all donations you make from this date forward as Gift Aid donations, until you notify us otherwise.*

☐ I would like to receive the St John of Jerusalem Eye Hospital Group's regular news bulletin, Jerusalem Scene (3 times per year.)

I enclose a cheque for £....., made payable to the '*St John of Jerusalem Eye Hospital Group*'

Or debit my:

☐ **Mastercard** ☐ **Visa** ☐ **Switch/Maestro**

Card No ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐☐ (Maestro Only) Security Code ☐☐☐

Valid From .....Expiry Date .....Issue Number (Switch/Maestro only) .....

Signed .....Date .....

Please return completed form with payment to:

giftaid it

Linda Read, GLMMM
Mark Masons' Hall
86 St. James's Street
London SW1A 1PL
for recording and onward transmission

Gift Aid Notes

1. You can cancel this Declaration at any time by notifying the Charity
2. If your circumstances change and you no longer pay enough income or capital gains tax to cover the amount claimed by the Charity, please contact us
3. If you pay tax at the higher rate, you can claim further tax relief via your Self Assessment tax return (currently 25p for each pound you give)
4. Please notify the Charity if you change your name or address

Registered Charity No. 1139527