

Registered Charity No: 1050892

Yes, I would like to support Brighter Futures by making a donation of: £ _____

Please tell us if your gift is to benefit a particular appeal, ward or department: _____

Title: _____ First Name: _____ Surname: _____

Address: _____

Postcode: _____ Email: _____ Phone Number: _____

I enclose my cheque/postal order/CAF made payable to Brighter Futures

Or please debit my credit/debit card:

Card Number:

Expiry Date: / 3 Digit Security No:

Boost your donation by 25p for every £1 you donate, at no additional cost to you.

giftaid it I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax in a tax year than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

Please date your declaration: ____ / ____ / ____

How would you like to hear from Brighter Futures

- Yes, I would like to receive the monthly newsletter by email
- Yes, I would like to hear about fundraising projects taking place at my local hospital and be given the opportunity to support them, by email or by post
- Yes, I would like to hear about events by email or by post
- Yes, I would like to hear about volunteering opportunities by email or by mail

Here at Brighter Futures we take your privacy seriously and will only use your personal information to administer your donation and to provide the products and services you have requested from us.

Please return this form to Brighter Futures, Great Western Hospital, Marlborough Road, Swindon, SN3 6BB