St John

The St John of Jerusalem Eye Hospital Group

DONATION FORM

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

Title: ..... First Name: ..... Last Name: .....

Address: .....

..... Post Code: .....

Email: ..... Telephone: .....

☐ I would like to make a donation towards the work of the St John of Jerusalem Eye Hospital Group.

☐ 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.)

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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:

St. John of Jerusalem Eye Hospital Group
4 Charterhouse Mews
London
EC1M 6BB

Thank you for your support

Gift Aid Notes*

1. You must pay an amount of income tax and/or capital gains tax at least equal to the tax the St John Eye Hospital reclaims on your donations in the tax year (currently 28p for each £1 you give).
2. If in the future your circumstances change and you no longer pay income tax / capital gains tax equal to the tax we reclaim, you can cancel th declaration.
3. You may cancel this declaration at any time by notifying us – it will then not apply to donations you make on or after the date of cancellation or such later date as you specify.

PM