



IN MEMORIAM GIVING

Yes, I would like to celebrate the life of someone close to me through a cause that was close to them.

giftaid it

I would like their name _____ included in the St John of Jerusalem Eye Hospital Group Book of Remembrance.

I am a UK taxpayer and would like the St John of Jerusalem Eye Hospital Group to treat all my donations from this date forward as Gift Aid donations*

I would like to be added to the mailing list to be kept up to date on news and events

Title..... Name Surname

Address

Post Code Country.....

Email Telephone

I enclose a cheque or postal order for £..... made payable to the **St John of Jerusalem Eye Hospital Group**

Or debit £..... from my Mastercard Visa Switch/Maestro

Card No

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 (Maestro Only) Security Code

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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

Gift Aid Notes* * I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax in the current tax year than the amount of Gift Aid claimed on all my donations it is my responsibility to pay any difference. I understand that other taxes, such as VAT and Council Tax, do not qualify. I understand that the charity will reclaim 25p on every £1 that I give after 6 April, 2008.

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.