

# Single Donation Form

Please complete the form below:

**1** Yes, I would like to support Princess Alice Hospice by making a donation of £

**£26** could cover a one hour appointment with a Social Worker, providing valuable emotional support.  
**£52** could pay for four Dovetail sessions for one child following the bereavement of a family member.  
**£90** could pay for three hours of help from our specialist medical team to help a person on the Hospice Ward.  
**£140** could pay for four hours of vital night nursing care to a person in their own home.

**2** If you would like to make this donation in memory of someone, please enter their name here:

**3 Your details:**  
Name (Mr/Mrs/Miss/Ms)   
Address   
 Postcode   
Tel/Mobile   
Email

**4 Keeping in touch**  
We'd love you to be part of the Princess Alice Hospice supporter community, but if we don't have your permission, we can't get in touch with you to share our latest news, campaigns and information about how you can support our work.

**Would you like to hear from us by email?**  Yes  No  
**Would you like to hear from us by post?**  Yes  No  
**Would you like to hear from us by phone?**  Yes  No

Rest assured, we never share, swap, rent or sell our supporters' details to other charities or third parties for marketing purposes. You can read how we manage and respect your data in our Supporter Privacy Notice at [www.pah.org.uk/privacy](http://www.pah.org.uk/privacy). If you'd like to change your permissions at any time please contact our supporter care team on **01372 461808** or [supportercare@pah.org.uk](mailto:supportercare@pah.org.uk).

**5 Gift Aid** makes your gift worth **25% more** at no extra cost to you. Simply tick **one** box below, date and sign your declaration.

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I want to Gift Aid my donation and any donations I make in the future or have made in the past 4 years to Princess Alice Hospice (1010930). I am a UK taxpayer and understand that if I pay less Income Tax and / or Capital Gains Tax 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 this declaration: **Date:** --

I am not a UK taxpayer.

**Print Name:**  **Signed:**

**6 Please Complete:**

I enclose a cheque (made payable to Princess Alice Hospice)  
 I wish to pay by:  MasterCard  Visa  CAF card

Card number:

Start Date: - Expiry Date: - Security number:    (The last three digits on the signature strip on the back of your card).

**7** Please return this donation form to the FREEPOST address below.  
**Princess Alice Hospice, FREEPOST RTJU-EACR-CZEH, West End Lane, Esher, KT10 8NA**