

# Gift Card

## Centenary Fundraising Campaign

Building  
Tomorrow's  
Health Today

### Personal details

Title	Forename(s)	Surname
Address		
Postcode	Telephone number	Email address

### Your pledge

I will contribute a total of £ \_\_\_\_\_ I intend to pay this amount:  One off Gift  Monthly  Annually

### Method of payment

- Standing Order
- Cheque (Please make cheques payable to The London Clinic)
- Bank Transfer – one off gift: Please see our bank details below for a one off transfer. Please use your full name as a reference.

### Standing order declaration

Please fill this out if you are making a monthly/ yearly standing order declaration

Your bank name	Branch Address	Postcode
Account holder	Sort code	Account number
Signature	Date	

Our Account: Trustees of The London Clinic Ltd      Sort Code: 40-11-60      Account Number: 81245090

The sum of £ \_\_\_\_\_ on / / and annually/ monthly thereafter on the same day for \_\_\_\_\_ years OR until further notice.

### Gift Aid

If you are a UK Taxpayer you can increase your gift to us by 20% by completing the following Gift Aid Declaration:

- YES, I would like The London Clinic to reclaim the tax from the Inland Revenue on all donations/ membership subscriptions I make for their work.

*giftaid it*

I understand that I must pay an amount of income tax at least equal to the amount to be reclaimed. I am under no obligation to make any further donations and I can cancel this declaration at any time.

Signature	Date
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- Data Protection: Please tick if you are happy to receive information from The London Clinic associated with this project/campaign.

The London Clinic, The Campaign Office, 20 Devonshire Place, London W1G 6BW  
Email: [philanthropy@thelondonclinic.co.uk](mailto:philanthropy@thelondonclinic.co.uk) [thelondonclinic2032.co.uk](http://thelondonclinic2032.co.uk)

Contact Executive Director Rachael Church directly on 07768 484918

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