

DONATION FORM

If you wish to donate to The Company of Nurses Charitable Trust, please complete the form below in block capitals.

Your Details:

Title: _____ First name: _____ Surname: _____

Address: _____

_____ Postcode: _____

Tel. No: _____ E-mail address: _____

Your Gift:

I enclose a cheque for £ _____ / I have made a donation of £ _____
by BACS transfer to *The Company of Nurses Charitable Trust*, A/c No.32949460;
Sort Code 30-90-92 *

I have set up a standing order in favour of 'The Company of Nurses Charitable Trust'
for the sum of £10/ £50/ £100/ £ _____ (please specify)* payable monthly /
quarterly / annually* from my account for _____ years / until further notice*, starting
on: ____ / ____ / ____

(*delete as appropriate)

GIFT AID DECLARATION

I want to Gift Aid my donation and any donations I make in the future or have made
in the past 4 years to The Company of Nurses Charitable Trust (Reg. Charity Number:
1170982).

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 any tax year it is my
responsibility to pay any difference.

Signed: _____ Date: _____

Please notify us if you want to cancel this declaration; change your name or home address; or no longer pay
sufficient tax on your income and/or capital gains. 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.

**Please return this form to: The Secretary to the Trustees, Company of Nurses
Charitable Trust c/o The Company of Nurses, Apothecaries' Hall, Black Friars Lane,
London EC4V 6EJ**