



Alternatively, you can make your dedication online at justgiving.com/campaign/BHLUAL2020

Your Details:						
Title:	First Name:				Surname:	
Address: Post Code:					Post Code:	
Phone:	none: *Email:					
*Please ensure you include your Email address to receive the Zoom invitation						
		plete the gift appropriate		orm below, v	ve can claim an additional 25p for each £1 you	
I wish that all gifts of money that I have made in the past four years and all future gifts that I make from the date of this declaration to be treated as Gift Aid donations						
I wi	I wish that all gifts of money that I make today and in the future to be treated as Gift Aid donations					
I wish Beaumond House to claim Gift Aid on this donation only and approach me each time a further donation is made						
than the amount of Gift Aid claimed on all my donations, it is my responsibility to pay any difference. Date: (date must be added to allow Beaumond House to claim Gift Aid) Please accept my donation of: \$\frac{1}{2}\$ \$\fra						
Please feel free to email your message to fundraising@beaumondhouse.co.uk if you prefer. Newsletter Fundraising & Events Appeals I am supporting Light up a Life because:						
Telephone		(monthly)	$\neg \vdash \neg \vdash$		Beaumond House supported my family/my friend with end of life care	
Email					I wanted to remember a loved one	
SMS						
Post					I wanted to take time to reflect on this year	
provided. Beaumond requirements of its D	rm above, you agree to House Hospice Care w	vill store and process your o nd in keeping with the The			I wanted to support my local charity	

Please return this form to Beaumond House, 32 London Road, Newark, Nottinghamshire NG24 1TW **If you have previously completed a Gift Aid declaration form for donations you have made to Beaumond House, please help us to keep our records up to date by completing and returning this gift aid form to us. Registered Charity Number 1025442