

Donation Form

1. Your details

Title:	First name:	Surname:
Address:		
Postcode:	Email:	

I would like to make a donation of ☐ £20 ☐ £50 ☐ £100 ☐ Other _____ to RCS

Core Activities ☐ Research ☐ Education ☐ Hunterian Museum ☐ Library ☐

2. Your gift

Please choose your method of payment

- ☐ I enclose a cheque payable to The Royal College of Surgeons of England
☐ Please debit my VISA | Mastercard | CAF Charity Card

Credit card number: ____ / ____ / ____ / ____

Security code: ____ Issue number: ____ Start date: ____ / ____ Expiry date: ____ / ____

Signature: _____ Date: _____

3. Gift Aid declaration

Boost your donation by 25p for every £1 you donate

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Gift Aid is reclaimed by the charity from the tax you pay for the current tax year. Your address is needed to identify you as a current UK taxpayer

☐ I would like to Gift Aid the above donation to the Royal College of Surgeons of England

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.

Stay in touch

We would like to continue to keep you up to date with RCS charity news and opportunities to support our work.

Please tick here if you wish to hear from us: Post: Yes ☐ No ☐ Email: Yes ☐ No ☐

If at any time you change your mind, please call 020 7869 6086.

Your personal information is safe with us and is held in our secure database.

Please return form to **Development Office, The Royal College of Surgeons of England, 35-43 Lincoln's Inn Fields, London, WC2A 3PE**