**Donation form**



To make a donation, please complete all the relevant sections of this form, tick the Gift Aid declaration, if appropriate, and return to:

**Pharmacist Support, 5th Floor, 196 Deansgate, Manchester, M3 3WF**

Donations can also be made via our website [www.pharmacistsupport.org](http://www.pharmacistsupport.org).

Whichever method you choose, your donation means a lot to those in the profession!

**Your details**

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| --- | --- | --- | --- |
| Title |  | Name (in full) |  |
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Please tick here if you wish to receive e-mail communications from Pharmacist Support

**GiftAid**

**Make your donation go further**

I confirm that I am a UK taxpayer. I have read this statement and would like Pharmacist Support to reclaim tax on this donation and on all donations I have made for the 4 years prior to this year and any further donations I make hereafter until further notice. I understand that I must pay an amount of Income Tax and/or Capital Gains Tax in the tax year at least equal to the amount of tax that all the charities and CASCs I donate to, will reclaim on my gifts for that tax year. I understand the charity will reclaim 25p of tax on every £1 that I have given. *Please notify us if you wish to cancel this declaration, change your name or home address or do not pay sufficient tax on your income and/or capital gains.*

**Your gift**

I wish to make a gift of £ \_\_\_\_\_\_\_\_\_

I enclose my cheque made payable to Pharmacist Support or please debit my

Visa Visa Debit Mastercard Maestro American Express

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*Please note your payment details will be destroyed once processed*

Pharmacist Support (charity no. 221438), 5th floor, 196 Deansgate, Manchester M3 3WF, 0808 168 2233