

### Donation Form

Please accept the enclosed donation for the ongoing work of **St Luke's Healthcare for the Clergy** :

£
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Title	
Full Name	
Address	
Post Code	
Signature	
Date	

### Gift Aid Declaration

I wish **St Luke's Healthcare for the Clergy** to treat all gifts that I have made in the past 6 years and all future gifts that I make from the date of this declaration as Gift Aid donations.

Title	
Full Name	
Address	
Post Code	
Signature	
Date	

Notes - Please notify **St Luke's Healthcare for the Clergy** if you:

1. Want to cancel this declaration
2. Change your name or home address
3. No longer pay sufficient tax on your income and/or capital gains