



# Lynda Jackson Macmillan Centre

for cancer support & information

## Donation Form

... supporting  
people  
affected by  
cancer...

Name of Donor:

Home Address:

Postcode:

Telephone:

Information about donation if applicable:  
*(eg, event details etc)*

I enclose a cheque for: £

Please make cheques payable to 'Lynda Jackson Macmillan Centre'  
We regret that we are unable to accept donations by Credit Card

If you are a UK taxpayer, you can increase your gift by 25% at no extra cost to you under the Gift Aid scheme. Just tick the box below and we can reclaim the tax on your donation.

*giftaid it*

I am a UK taxpayer and wish the LJMC to gain the full benefit from this donation (and any others I may subsequently make\*) under the Gift Aid scheme.

\* Delete if applicable

To qualify for Gift Aid, what you pay in income tax or capital gains tax must at least equal the amount we will claim in the tax year. If your tax situation changes, please notify us.

Signature:

Date:

Please return this form to: Appeals Office  
Lynda Jackson Macmillan Centre  
Mount Vernon Hospital  
Northwood  
Middlesex HA6 2RN

*Thank you for your generosity – every penny that you give goes directly to providing our support and information services to people with cancer and their carers at Mount Vernon Hospital.*

Please tick if you do not wish your name to be added to the LJMC Mailing List. Please note that this list remains confidential and will not be sold to or used by any organisation other than the Lynda Jackson Macmillan Centre.

**Thank you  
for your  
support**

**Lynda Jackson  
Macmillan Centre**  
Mount Vernon Hospital  
Northwood  
Middlesex  
HA6 2RN

Appeals Office:  
01923 844107

Registered Charity: 1053338  
East and North Hertfordshire NHS Trust