

Sponsor our residents



Reg. Charity No.1078817

We are all permanent residents at Leicestershire Wildlife Hospital (LWH) who can't be returned to the wild for a variety of reasons.

If you would like to help LWH to look after one of us, we can be sponsored for just £10.00 per year.

The sponsorships make fantastic birthday or Christmas presents. You or your named recipient will receive a certificate and photo of your chosen bird or animal.

Sponsor a resident today. Fill out the application form overleaf.



Tawny Owl 'Sleepy'



Barn Owl 'Barny'



Little Owl 'One-eyed Jack'



Badger 'Cumberpatch'



Hedgehog 'Flora'



Badger 'Dale'

I wish to sponsor

Your details

Title: Full name:

Address:

.....

..... Postcode:

Tel: Email:

I wish to sponsor for myself as a gift

If a gift, please give recipient's details

Title: Full name:

Address:

.....

..... Postcode:

Tel: Email:

Payment

Sponsorship for one year £10.00 *I'd like to make a donation

I enclose a cheque for made payable to Leicestershire Wildlife Hospital.

*Please use the standing order form to support LWH with a regular donation. You can become a **Friend** of LWH, receiving a copy of our twice yearly newsletter '**Your Wildlife Matters**' and an invitation to our '**Friends' only days**', by making a total annual contribution of £15.00 or more.

Gift Aid declaration

Title: Full name:

Address:

..... Postcode:

Please treat as Gift Aid donations all qualifying gifts of money made today in the past 4 years in the future.

Please tick all boxes you wish to apply.

I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities or Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 28p of tax on every £1 that I gave up to 5 April 2008 and will reclaim 25p of tax on every £1 that I give on or after 6 April 2008.

Signature:

Date: (DD/MM/YYYY) __ / __ / ____

Please notify Leicestershire Wildlife Hospital if you want to:

- Cancel this declaration
- Change your name or home address
- No longer pay sufficient tax on your income and/or capital gains.

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self Assessment tax return or ask HM Revenue and Customs to adjust your tax code.

Return to: Leicestershire Wildlife Hospital Trust
c/o 12 Rookery Close, Kibworth Beauchamp, Leicestershire, LE8 0SD

I would like to make a regular donation

We value all donations. If you would like to support our work with a regular donation, please consider completing the standing order form below.

Your details

Title: Full name:

Address:

.....

..... Postcode:

Tel: Email:

I would like to give: Monthly/Quarterly/Annually (delete as appropriate)

£2 £2.50 £5 £10 £15 Other Amount

I would like to become a **Friend** of Leicestershire Wildlife Hospital. The total of my annual contribution will amount to £15.00 or more.

Internet banking - You may use your internet banking to set up a regular standing order for the amount of your choice. Once you have done this, **please return this form** to inform us of your donation and Gift Aid it.

Yes, I have set up this standing order through my internet banking

Standing order form

1. Bank/Building Society details

To: The Manager Bank PLC/Building Society

Branch Address:

..... Postcode:

Your Bank/Building Society account number:

Your branch sort code: - -

Full name(s) of account holder(s):

Address on account (your address)

.....

..... Postcode:

2. Payment details

Please pay account name: **Leicestershire Wildlife Hospital Building Fund**

Bank Sort Code: **20-49-08** Bank Account Number: **00561010**

First payment:

Amount: (in words) £..... (in figures) on __ / __ / ____ (date)

Ongoing payments:

Amount: (in words) £..... (in figures) on __ / __ / ____ (date)

and thereafter monthly/quarterly/annually (delete as appropriate) until further notice.

3. Confirmation

Signature: Date: (DD/MM/YYYY) __ / __ / ____

Thank you for your support

Please post your completed form to:

Leicestershire Wildlife Hospital Trust
c/o 12 Rookery Close
Kibworth Beauchamp
Leicestershire
LE8 0SD

T: 0795 1285 366

E: info@leicesterwildlifelifehospital.org

W: www.leicesterwildlifelifehospital.org

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