

Stars Appeal Donation Form

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Monthly gift: I would like to give the s	sum of: £5 £10 £20 £50 £100 Other £
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Please pay: Salisbury (District Hospital Charitable Fund Receipts the sum indicated above. Row, Salisbury SP1 1DF Sort Code: 54-41-19 Account No: 47011297
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One off donation: I would like to donate	£
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I am planning to le	ave a gift in my Will to the Stars Appeal and wish to let you know.
Please contact me	with further details of your free Will writing service.
	onation as follows: Fund to help fund projects benefitting patients across the Hospital wherever the need is greatest department, project or fund. Please state in the box below
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Please return this form to: **The Stars Appeal**, Salisbury District Hospital, Salisbury, Wiltshire SP2 8BJ
The Stars Appeal is a Registered Charity No. 1052284 | 01722 429005 | info@starsappeal.org | www.starsappeal.org

Thank you for your support