



About us

The Macmillan Unit at Christchurch Hospital is a Specialist Palliative Care Unit for patients in South East Dorset and South West Hampshire. It is run by the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust, and the core services are met by the Hospital Trust. In 2009 it was awarded 'Practice Development Unit Status', making it a Centre of Excellence.

'Macmillan Caring Locally' is a Trust operating from offices in the Macmillan Unit, which provides funding to enhance this care, and to provide an attractive, homely environment for patients and their families and visitors.

We also provide funds for nursing and medical equipment to improve patient treatment and comfort. Since 1974 we have supported major service developments in palliative care in the local Community, and funded innovative cancer diagnosis and treatment procedures.

Making a difference

By donating money to Macmillan Caring Locally you are ensuring that the dedicated team at the Macmillan Unit can offer enhanced care to Patients on the Ward and those who are being cared for in their homes. You are also investing in our future plans to innovate and improve palliative care services in our Community.

Thank you

Macmillan Caring Locally,
The Macmillan Unit, Christchurch Hospital,
Christchurch, Dorset BH23 2JX
T: 01202 477628 F: 01202 705315
E: enquiries@macmillanlocal.org

www.macmillanlocal.org

Registered Charity No. 268218

Making your donation by Direct Debit and Gift Aid





Our aims and objectives

Gift Aid

Direct Debit

The aim of Macmillan Caring Locally is to support those who are suffering from cancer and other life threatening illnesses in our local community, as well as providing help and support for the whole family.

We act as the custodian of all funds donated towards the care of the patients and their families, and we both initiate and respond to a wide variety of needs supporting improved cancer diagnosis and treatment.

Legacies

Leaving a Legacy to Macmillan Caring Locally is a wonderful way to ensure that the specialist care we provide to our patients and their families will be available for future generations.

If you plan to make a will you should seek the advice of a solicitor or other professional advisor. Our website www.macmillanlocal.org has useful information about different types of Legacy and how your gift will be used.

The details of our Charity, including our registered Charity Number, are listed on the reverse.

If you pay U.K. Income Tax* please consider a donation using Gift Aid. Every £1.00 you give is then worth £1.28* because we can claim the tax back on your donation. Please complete the form below and return it to our office.

Gift Aid Declaration

Mr Mrs Ms (Please tick)

Name

Address

.....

.....

Postcode

Email

I would like Macmillan Caring Locally to treat all donations I make from the date of this declaration (and from 6 years prior to this date) until I notify otherwise, as Gift Aid donations.

Signed

Date

NOTES

1. You can cancel this declaration at any time by notifying Macmillan Caring Locally.
2. You must pay an amount of income tax and/or capital gains tax at least equal to the tax that Macmillan Caring Locally reclaims on your donations in the year.
3. If in the future your circumstances change and you no longer pay tax on your income equal to the tax Macmillan Caring Locally reclaims, you can cancel your declaration (see note 1).
4. If you pay tax at a higher rate you can claim further tax relief on your tax return.
5. Please notify Macmillan Caring Locally if you change your name or address.
6. If you are unsure whether your donations qualify for Gift Aid tax relief, please ask Macmillan Caring Locally or your local Tax Office.

* Subject to any future change in income tax Gift Aid Declaration.

Banker's Order Form

To the Manager
(Name of Bank)

Address of Bank

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Please pay **Macmillan Caring Locally** – HSBC Bank

Sort Code

Account Number

£

Starting from and a like sum

(a) MONTHLY on the day of each subsequent month

or

(b) ANNUALLY on the day of

My Bank Sort Code is

My Bank Account No is

Name

Address

.....

.....

Postcode

.....

Signed