|  |  |
| --- | --- |
| **Your details** | |
| **Your name:** |  |
| **Your position:** |  |
| **Details of Gift** | |
| **Name of organisation or individual offering gift:** |  |
| **Gift description, date of offer and the circumstances:** |  |
| **Known or estimated value of the gift:** |  |
| **Has the gift already been received? If so, please provide the date of receipt:** |  |
| **Contact details for the point of contact at organisation or individual offering gift:**  **Please include a name, phone number and email address.** |  |
| **Any other details including reason for declining the offer of a gift if approporate:** |  |

**LEEDS AND YORK PARTNERSHIP NHS FOUNDATION TRUST**

**RECORD OF GIFT**

For any donations of cash or vouchers, please contact the Finance Team at [Charitable.funds1@nhs.net](mailto:Charitable.funds1@nhs.net)