GIFT AID DECLARATION

NAME OF CHARITY

………………………………………..........

AMOUNT DONATED £..................................

FULL NAME ………………………………

………………………………………………

ADDRESS …………………………………

………………………………………………

………………………………………………

POSTCODE ……………………………..

(MUST BE ENTERED)

I note that I must have paid an amount of tax that at least equals the tax deducted from these donations. I will inform the Charity if I do not pay an amount of tax that at least equals the tax deducted from donations

I want the Charity to treat all donations I have made since 6 April 2002, and all donations I make from the date of this declaration until I notify you otherwise as Gift Aid donations.

Signature……………………………………

Date…………………………………………