

GIFT AID DECLARATION

Name of Charity: The League of Friends of St Monica's Hospital

Details of Donor:-

Title: _____ Forename(s): _____ Surname: _____

Home Address: _____

_____ Post code: _____

I want the Charity to treat

* the enclosed donation of £ _____ as a Gift Aid donation

* the donation(s) of £ _____ which I made on ____/____/____ as (a) Gift Aid donation(s)

* all donations that I have made from the date of this declaration until I notify you otherwise as Gift Aid donations

* all donations I have made for this tax year and the six years prior to the year of this declaration and all donations I make from the date of declaration until I notify you otherwise, as Gift Aid donations

* delete as appropriate

You must pay an amount of Income Tax and/or Capital Gains Tax at least equal to the tax that the Charity reclaims on your donations in the appropriate tax year

Date: ____/____/____

Notes:

1. You can cancel this Declaration at any time by notifying the Charity
2. If in the future your circumstances change and you no longer pay tax on your income and capital gains equal to the tax that the Charity reclaims, you can cancel your Declaration
3. If you pay tax at the higher rate, you can claim further tax relief in your Self Assessment Tax Return
4. If you are unsure whether your donations qualify for Gift Aid tax relief, ask the Charity
5. Please notify the Charity if you change your name or address