

# giftaid it

**DONATION FORM**  
Use Gift Aid and you can make  
your donation worth more

## SINGLE PAYMENT

NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

I enclose a cheque/postal order made payable to Weldmar Hospicecare Trust  
for

AMOUNT: £ \_\_\_\_\_

If you wish to pay with your credit/debit card please complete the following.

Visa  Master Card  Maestro

CARD NO. \_\_\_\_\_ EXPIRY DATE \_\_\_\_\_

MAESTRO ISSUE NO. \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## GIFT AID DECLARATION FORM

*for use only by a donor paying an amount of Income Tax or Capital Gains Tax equal to the tax  
deducted on this donation*

SURNAME: \_\_\_\_\_ TITLE: Mr/Mrs/Miss/Title: \_\_\_\_\_

FORENAMES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

POSTCODE: \_\_\_\_\_

- ◆ Please treat this donation and all future donations to Weldmar Hospicecare Trust  
(Registered Charity No. 1000414) as Gift Aid donations.
- ◆ I wish the charity to reclaim tax on my donations

SIGNED: \_\_\_\_\_ DATED: \_\_\_\_\_

*Please remember to notify us if you no longer pay an amount of income tax or capital gains tax equal to the tax we  
reclaim on your donations (28p for every £1 you give) or if you change your name or address*