

GIFT AID DECLARATION

*for use 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

FORENAME(S):

HOME
ADDRESS:

POSTCODE:

- I would like to Gift Aid this donation
- I would like to Gift Aid all donations I may have made in the past six years and all future donations which I choose to make to WELDMAR HOSPICECARE TRUST (Registered Charity No. 1000414) until I notify you otherwise.

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 (25p for every £1 you give) or if you change your name or address