

League of Friends of Horsham Hospital Registered Charity No: 269001 Gift Aid Form

Are you a UK taxpayer?

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If so you can use Gift Aid to make completing this declaration. If your relief of 25p on every pound you	ou Gift Aid your donation, th		•	3X
Amount £				
Tick all that apply.				
I would like to Gift Aid this	donation			
I would like to Gift Aid all fo	uture donations until further i	notice		
I would like to Gift Aid all p and the previous four	previous donations for the cha	rity's current f	inancial period	
I confirm I have paid or will pay a year (6 April to 5 April) that is at le Community Amateur Sports Club year. I understand that other taxe charity will reclaim 28p of tax on tax on every £1 that I give on or a	east equal to the amount of to s (CASCs) that I donate to will es such as VAT and Council Ta every £1 that I gave up to 5 Ap	ax that all the or reclaim on my x do not qualif	charities or y gifts for that tax fy. I understand tl	x he
First Name	Surname			
Address				
Postcode				
Signature	Date	/	/	

Note

- 1. You can cancel this declaration at any time by notifying the Membership Secretary.
- 2. If your circumstances change and you no longer pay enough income or capital gains tax to cover the amount claimed by the charity, please contact the charity.
- 3. If you pay tax at the higher rate, you can claim further tax relief via your Self Assessment tax return
- 4. Please notify the charity if you change your name or address.

Please return the form to:-

The Membership Secretary, League of Friends of Horsham Hospital, Hurst Road, Horsham, RH12 2DR