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**Supporter Form**

***Please return to:***

**Mrs. D. Fradgley, Horseshoes & Handprints,** **Crosby House, Lyddons Mead, Chard TA20 1HD** or email to **admin@horseshoesandhandprints.org**

**Charity No.1147898**

 **www.horseshoesandhandprints.org**

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| **DETAILS OF SUPPORTER:** *(please print or type)***Title ………… Forename(s) ……………………………………… Surname ……………………………………****Home Address …………………………………………………………………………………………………………..****………………………………………………………………………………………………………………………………****Postcode ……………………………. Telephone ……………………………………………..……………………****Email address ……………………………………………………………………………..…………………………….** |
| **I am interested in:****Fundraising for HAH 🞏 Volunteering 🞏****I would like to receive:****Email newsletter/updates 🞏 Invitations to future Open Days /Events 🞏**  |

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| **DETAILS OF DONATION:**  **I have instructed my bank to pay Horseshoes and Handprints Sort Code 20-85-26, A/c No. 13533751**(I promise to inform the charity should I discontinue my support) **I enclose a cheque payable to Horseshoes and Handprints****Amount: £ ……… SINGLE donation or £………… MONTHLY donation starting on...…/..…/……****Signature ……………………………………………………………… Date …………………………………** |
| ***Gift Aid declaration:* Are you a Tax Payer?****If you are a tax payer please tick the first box so we can claim up to 25p for every £1 you give at no extra cost to you.** **Yes I am a UK taxpayer and would like Charity No 1147898\*\* to reclaim the tax on (i) this donation (ii) any of the donations I have made in the last four years (iii) any future donations I may make\*** u**ntil I notify you otherwise.** **No I am a non- taxpayer.****\*I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities or Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify.****\*\*Horseshoes & Handprints, formerly Special Horses for Special Children** **Date …………../…………../…………… Signature ……………………………………………………………………****Please treat as Gift Aid donations all qualifying gifts of money made** |

**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 must cancel your declaration (see note 1).
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. Or ask your local tax office for leaflet IR65.
5. Please notify the Charity if you change your name or address.