

## GIFT AID DECLARATION

I [insert name] of [address]

would like Weston Hospicecare to treat:

- all donations I have made in the last four years, and all donations I make from the date of this declaration until I notify you otherwise
- all donations I make from \_\_\_/\_\_\_/\_\_\_ until I notify you otherwise

as Gift Aid donations. Please tick appropriate statement.

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. I understand the charity will reclaim 28p of tax on every £1 that I gave up to 5 April 2008 and will reclaim 25p of tax on every £1 that I give on or after 6 April 2008.

Signature

Date DD/MM/YYYY

**Please return your completed Gift Aid form to us at:**

Weston Hospicecare  
FREEPOST  
SWB502  
WESTON-SUPER-MARE  
BS23 4FA

If you have any questions about this form, please call 01934 423960 and speak to our Supporter Care Team.