

GIFT AID DECLARATION FORM



Boost your donation by 25p of Gift Aid for every £1 you donate. Gift Aid is reclaimed by Southern Area Hospice Services from the tax you pay for the current tax year. Your address is needed to identify you as a current UK taxpayer.

PERSONAL INFORMATION

First Name :

Surname :

Full Address :

Postcode :

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

I WANT TO GIFT AID THIS DONATION AND ANY DONATIONS I MAKE IN THE FUTURE OR HAVE MADE IN THE PAST 4 YEARS TO SOUTHERN AREA HOSPICE SERVICES. (PLEASE SIGN AND , DATE BELOW TO VALIDATE THIS DECLARATION)

Signed :

Date :

Please notify Southern Area Hospice Services if you:

1. Want to cancel this declaration
2. Change your name or home address
3. No longer pay sufficient tax on your income and/or capital gains
4. If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.

Please return to: Southern Area Hospice Services,
Fern House, 3 Courtenay Hill, Newry, BT34 2EA

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THANK YOU