

MADELEY PRACTICE PATIENTS FUND

GIFT AID DECLARATION

Details of Donor

TITLE _____ FORENAME _____ SURNAME _____

ADDRESS _____

_____ POSTCODE _____

I want Madeley Practice Patients Fund to treat

the enclosed donation(s) of £ _____ which I made on ___/___/___

all donations I make from the date of this declaration until I notify you otherwise

all donations I have made since the 6th April 2000 and all donations I make from the date of this declaration until I notify you otherwise

as Gift Aid donations

Notes

- ❖ You must pay an amount of income tax and/or capital tax at least equal to the tax that the charity reclaims on your donations in the tax year(currently 28p for each £1 you give)
- ❖ You can cancel this declaration at any time by notifying the charity
- ❖ If in the future your circumstances change and you no longer pay tax on your income and capital gains equal to that the charity reclaims, you can cancel your declaration
- ❖ I you pay tax at the higher rate you can claim further tax relief in your self assessment tax return

If you are unsure whether your donation qualifies for Gift Aid relief, ask the charity

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