

giftaid it



GIFT AID DECLARATION

NAME OF CHARITY: NATIONAL AIDS TRUST

DETAILS OF DONOR

Title Forename(s) Surname

Address

.....

..... Postcode

I want the charity to treat

* The enclosed donation of £

* The donation(s) of £ which I made on/...../.....

* All donations I make from the date of this declaration until I notify you otherwise as Gift Aid donations.

**delete as appropriate*

I pay tax at the basic rate higher rate (please tick appropriate box)

Date/...../.....

Signed

Notes

1. You can cancel this declaration at any time by notifying the charity.
2. You must pay an amount of income tax and/or capital gains 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).
3. If in 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 can cancel your declaration (see note 1).
4. If you pay tax at the higher rate you can claim further tax relief in your Self Assessment tax return.
5. If you are unsure whether your donations qualify for Gift Aid tax relief, ask the charity. Or ask your local tax office for leaflet IR113 *Gift Aid*.
6. Please notify the charity if you change your name or address.

BANKERS ORDER FORM

The most convenient method of payment is by Bankers Order. Please complete the form below.

To (insert the name of your bank)

of (bank branch address)

Postcode

My account no.

Sort Code

Please pay to:

CafCash Ltd
Kings Hill
West Malling
Kent
ME19 4TA

For the account of: The National AIDS Trust

Account No.

Sort Code

The sum of

(pounds)

on the

and the same sum on the same day each month / each year (*please delete*) for a period of at least four years

Signed

Date

PLEASE RETURN THIS COMPLETED BANKERS ORDER FORM WITH THE GIFT AID DECLARATION TO THE ADDRESS BELOW (**not your bank**)

Thank you.

NATIONAL AIDS TRUST, NEW CITY CLOISTERS, 196 OLD STREET, LONDON
EC1V 9FR