

# CHARITABLE GIVING DECLARATION



Name of Charity: **HOSPICE IN THE WEALD**

Details of donor

Title ..... Forename (s) ..... Surname .....

Address .....

.....

.....Post Code .....

I want Hospice in the Weald to treat

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

\*all donations I have made since...../...../20.... and all donations I make from the date of this declaration until I notify you otherwise

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

as Gift Aid donations *\*Delete as appropriate*

Signature.....Date...../...../.....

### Notes

1. You must pay an amount of Income Tax or Capital Gains Tax in the relevant tax year equal to any tax reclaimed by Hospice in the Weald in that period (currently 28p for every £1 you give).
2. Please notify us if you change your name or address while the declaration is still in force. You can cancel the declaration by notifying us at any time - it will then not apply to donations you make on or after the date of cancellation or such later date as you specify.
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, please check with us. Or you can ask your local tax office for leaflet IR113 Gift Aid.

Please return this form to: Finance Department, Hospice in the Weald, Maidstone Road, Pembury, Tunbridge Wells, Kent TN2 4TA

The information given on this form will be stored on a computer system, which is registered in accordance with the Data protection Act 1984. You are advised that the information stored is for use only by Hospice in the Weald and is not released for use by any other organisation.