

Lawrence Home Nursing Team

Full Name:

Address:

Post code:

Date:

I want the above charity to treat the following as Gift Aid donations:

(delete as appropriate)

The enclosed donation of £.....

The donation of £..... I made on(complete date)

All donations I have made since 6 April 2000, and all donations I make from the date of this declaration until further notice.

I understand that I must pay an amount of Income Tax and/or Capital Gains Tax in the tax year at least equal to the amount of tax that all the charities and CASCs 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 25p of tax on every £1 that I have given.

Signature.....

Send to the Lawrence Home Nursing Team, care of the Treasurer, Lawrence Home Nursing Team, Chipping Norton Hospital, Russell Way, London Rd, Chipping Norton OX7 5FA