



giftaid it

GIFT AID DECLARATION

Your support will help more people to stay close to their loved ones and fulfil their end of life wishes

Full name: _____

Address: _____

_____ Post code: _____

Date: _____

I hereby authorise **Lawrence Home Nursing Team** to treat the following as Gift Aid donations:
(tick box to select)

The enclosed donation of £ _____

The donation of £ _____ I made on _____ (enter date)

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

I understand the requirement is that I am a UK taxpayer and I must pay an amount of income tax or capital gains tax at least equal to the tax deemed to have been deducted from this donation. I understand the charity will reclaim 25p of tax on every £1 that I have given.

Signature: _____

Print name: _____

Email address: _____
(A receipt will be sent to you)

Please post to:

Lawrence Home Nursing Team, Care of the Treasurer,
Chipping Norton Hospital, Russell Way, London Road,
Chipping Norton, OX7 5FA.

Thank you. Lawrence Home Nursing Team will only use these details to contact you and for no other purpose.