

GIFT AID DECLARATION

in favour of

Bethesda Hospice

Title (Mr/Mrs/Ms/Rev/Dr)

Please use
BLOCK CAPITALS

Forename(s)

Surname

Address

Post Code

I want the BETHESDA HOSPICE to treat this donation made by me on or after 6th April 2000 as Gift Aid donations, until I notify you otherwise.

Signature

Date

THIS GIFT AID DECLARATION WILL REPLACE ANY DEEDS OF COVENANT IN YOUR NAME IN FAVOUR OF THE BETHESDA.

INLAND REVENUE NOTES:

- If your declaration covers donations you may make in the future:
 - Please notify the charity if you change your name or address while the declaration is still in force.
 - You can cancel the declaration at any time by notifying the charity - it will then not apply to donations you make on or after the date of cancellation or such later date as you specify.
- 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 £25 for each £100 you give).
- If in the future your circumstances change and you no longer pay tax on your income and capital gains tax equal to the tax that the charity reclaims, you can cancel your declaration (see Note 1).
- If 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 donations qualify for Gift Aid tax relief, ask the charity. Or you can ask your local tax office for leaflet IR113 *Gift Aid*.

REGULAR GIVING FORM

I
(name)

of
(address)

..... Post Code

Request you to pay the Bank of Scotland (80-09-73) of 47 Cromwell Street, Stornoway, Isle of Lewis, for the credit of Bethesda Hospice, Account No. 00118945, the sum of

..... (£.....)
(amount in words) (amount in figures)

* each month / quarter / year (*delete as appropriate)

Starting from the day of 20.....

THIS REPLACES ANY PREVIOUS STANDING ORDERS TO BETHESDA.

Signed Date

Your Bank Details:

To
(name of bank)

of
(address of bank)

..... Post Code

Account Number

Branch Sort Code