



# SIDMOUTH HOSPISCARE

A Registered Charity No. 292609

5 May Terrace Sidmouth Devon EX10 8EN

Telephone: 01395 578706 (Nurses) 01395 578707 (Secretary)

## GIFT AID DECLARATION FORM

I confirm that I am a taxpayer and wish Sidmouth Hospiscare to reclaim Tax on my donation.

Title : ..... First Name: .....

Surname: .....

Address: .....

.....

.....Post Code: .....

Telephone Number (Optional) .....

£ ..... is enclosed or has been donated on .....

Gift Aid should be applied to any further donation to us: Yes No

Signature: ..... Date: .....

Please complete the following details:

- |                     |                          |                             |                          |
|---------------------|--------------------------|-----------------------------|--------------------------|
| 1. General Donation | <input type="checkbox"/> | 3. Donation given in memory | <input type="checkbox"/> |
| 2. Patient Donation | <input type="checkbox"/> | 4. Other                    | <input type="checkbox"/> |

**Type of Donation: If number 3 please complete: (Optional)**

Name of person for whom this donation is given in memory of:

.....

*Remember to notify us if you no longer pay an amount of income tax or capital gains tax equal to the tax we reclaim on your donations.*

Please return this completed form to the secretary at the above address.