GIFT AID

Sussex Cancer Fund

Please complete in BLOCK CAPITALS – Thank you

|  |  |
| --- | --- |
| Name |  |
| My Address including post code: |  |

|  |
| --- |
| I want the above Charity to treat the following as Gift Aid donations (delete as appropriate) |
| 🗆 The enclosed donation £ |
| 🗆 The donation of £ I Made on |
| 🗆 All donations I will make from the date of this declaration until further notice. |
| Date: |
| Signature: |

|  |
| --- |
| I know that I must pay an amount of income/capital gains tax at least equal to the tax the charity reclaims on my donation in the next year.  I can cancel this declaration at any time by notifying the charity. |