Gift Aid Declaration Form

Hospice at Home West Cumbria

Registered Charity Number: 1086837



Your name			
Title			
First Name*			
Last Name*			
Your address *			
Street / Road Name*			
Town / City*			
County / State*			
Postcode*			
Country			~
Your email address*			
Email Address*			
Your phone number			
Phone Number			

Yes, I am using my own money and would like you to claim Gift Aid on my donations

I am a UK taxpayer and have paid enough tax for Hospice at Home West Cumbria to claim Gift Aid on my donations now, in the future and in the past 4 years. I understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference. I also understand it is my responsibility to inform Hospice at Home West Cumbria if I no longer want them to claim Gift Aid

Can we send you emails?		Yes		[11]	No				
Can we send you mail?		Yes			No				
Can we phone you?		Yes			No				
Can we send you text messages?		Yes			No				
What are you interested in hearing about?									
I give consent to receiving Yes fundraising and marketing communications					No				
How would you prefer us to get in touch with you?									
	Mai	l Phone			Email				

Submit - Claim Gift Aid

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