

## **Gift Aid Declaration**

Please ensure that you complete all details below.

Your details

At no extra cost to you, increase your gift by 25p for every £1 you donate using Gift Aid.

Title		Fi	rst nar	me														
Surname																		
Home Address																		
Postco	ode																	
Declaration Please tick as appropriate.																		
	reclaim ta make. I ur claimed of any differe	a UK taxpayer and would like Great Ormond Street Hospital Children's Charity to m tax on the donations I have made in the last four years and any future gifts I. I understand that if I pay less income tax and/or capital gains tax than the amount ed on all my donations in that tax year (6 <sup>th</sup> April-5 <sup>th</sup> April) it is my responsibility to pay ifference. Please note that Gift Aid cannot be claimed by one individual on monies ted from multiple donors e.g. birthday collections.																
	I don't pay	/ tax.																
Date		/		/														

If you are a higher rate tax payer you can claim personal tax relief via a Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.

FOR OFFICE USE ONLY Supporter ID

No longer pay sufficient income tax and/or capital gains tax

Please notify the charity if you:

Want to cancel this declaration Change your name or home address