

GIFT AID DECLARATION

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

YOUR DETAILS

	Sure that you comi	plete all details bel	OW		
Title	First name		<u> </u>		
Surname					
Home add	Iress				
			Postcode	,	
	RATION: as appropriate.			gift	aid it
tax on that if I donati note th	the donations I ho I pay less income to ons in that tax year	ave made in the las tax and/or capital ar (6 April – 5 April) t be claimed by on	rmond Street Hospit at four years and any gains tax than the a it is my responsibility e individual on monic	future gifts I make mount claimed on o y to pay any differe	e. I understand all my ence. Please
l do no	t pay tax/I do not	wish gift aid to be	claimed.		
Date					
Want to aChange yNo longe		ation e address come tax and/or cc			
If you are d	a higher rate tax p	bayer you can clair	n personal tax relief	via a Self-Assessm	ient tax

We (Great Ormond Street Hospital Children's Charity and its trading subsidiary **Great Ormond Street** International Promotions Limited) will always treat your personal details with the utmost care. We will never sell or swap your personal details with other organisations for their marketing purposes. We will keep your data safe and private, holding the information you provide for communication, marketing, analysis and administrative purposes. We will send you information by post, but you can stop receiving this, or change any of your preferences at any time by calling 0203 841 3131, emailing supporter.care@ gosh.org or writing to 40 Bernard Street London WC1N 1LE. For full details of the information we hold and how we process your data, please visit gosh.org/privacy.

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return or ask HM Revenue and Customs to adjust your tax code.

Supporter ID

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