

Charitable Fund

The Queen Elizabeth Hospital King's Lynn Charitable Fund

Registered Charity No. 1051327

Gift Aid Donation Form

Donor's Details

Title: _____ Forename: _____

Surname: _____

Home address: _____

_____ Postcode: _____

Contact

Charitable Funds Officer
Finance Department
The Queen Elizabeth Hospital
Gayton Road
King's Lynn
Norfolk
PE30 4ET

Tel: 01553 613981

Fax: 01553 613898

Email: george.sarlas@qehkl.nhs.uk

Gift aid declaration

I declare that the above Charity must treat as a Gift Aid donation (tick and fill box as appropriate):

the enclosed donation of £ _____ which I made on _____

the donations totalling £ _____ which I made on _____

I also declare that the Charity must treat as a Gift Aid donation (tick box as appropriate):

all donations I make from the date of this declaration until I notify you otherwise

all donations I have made since 1 January 2002 and all donations I make hereafter until I notify you otherwise

Signed _____ Date _____

Important: please read the following before signing this declaration

1. You can cancel this declaration at any time by notifying us at the above address
2. To enable us to reclaim tax on your donations, you must be paying income tax or capital gains tax equal to the sum(s) to be reclaimed by the Charity. By returning this form to us, we can get an extra 25p for every £1 you donate
3. If in future your circumstances change and you no longer pay tax on your income equal to the tax that we reclaim, you must cancel your declaration (see note 1)
4. If you pay tax at the higher rate you are entitled to claim further tax relief in your Self Assessment tax return
5. If you are unsure whether your donations qualify for Gift Aid tax relief, ask your local tax office for leaflet IR113 Gift Aid or contact us at the above number
6. Please notify the Charity if you change your name or address

THANK YOU FOR YOUR SUPPORT

To be completed by the Charity

Charitable Fund No _____ Fund Name _____

Receipt Reference _____ Processed by _____

File Reference _____ Date _____