



Contact: Charitable Funds Team
 Finance Department
 The Queen Elizabeth Hospital King's Lynn
 NHS Foundation Trust
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 King's Lynn
 PE30 4ET
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Gift Aid Donation Form

Donor's Details

Title: Forename: Surname:

Home address:

.....

..... Postcode:

Gift aid declaration

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

February 2022

Charitable fund name

Fund number

Receipt reference

Processed by

File reference

Date