Gift Aid Declaration

Donor details

Title: **First Name:** **Surname**

Address:
Address 2:
Town:
Postcode:

I would like the Berkshire Multiple Sclerosis Therapy Centre to treat all donations I have made since 6th April 2000, and all donations I make from the date of this declaration, until I notify you otherwise, as Gift Aid donations.

Signed: ..... Date: .....

Notes:

- You must pay an amount of income tax and/or capital gains tax at least equal to the tax that we reclaim on your donations in the tax year.
- You can cancel this declaration at any time by notifying us.
- If your circumstances change and you no longer pay tax equal to the amount that we reclaim in a tax year, please let us know. **Please also let us know if you change your name and address.**
- If you pay tax at the higher rate, you can claim further tax relief in your Self Assessment tax return.

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Non-Eligibility Note

Please note that I do not pay tax and therefore you will not be able to claim Gift Aid on any of my donations. Please do not ask me about Gift Aid again.

Signed: ..... Date: .....

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