



*giftaid it*

**Gift Aid declaration**

Please complete this form and return to: **St Peter & St James Hospice & Continuing Care Centre, North Common Road, North Chailey, Lewes, East Sussex. BN8 4ED**

Title: Mr / Mrs / Miss / Other please state: .....\* (\* Please delete as appropriate)

First Name: ..... Surname: .....

Address:.....  
.....

Post code: ..... Telephone number: .....

E-mail address: .....

Please treat this donation, any future donations, and all donations I have made in the six years prior to the date of this declaration as Gift Aid donations unless I notify you otherwise.

By signing this form I declare that I am a UK tax payer and pay an amount of Income Tax or Capital Gains Tax at least equal to the amount to be reclaimed on my donations in the tax year.

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



Please remember to notify us if you no longer pay an amount of Income Tax or Capital Gains Tax equal to the tax we reclaim on your donations. Please also let us know of any changes to your name or address.



St Peter & St James is registered under the Data Protection Act and retains information about its donors. Your details will not be disclosed to any other organisation. From time-to-time we may contact you with news about St Peter & St James. If you do not wish to receive this information please tick here .....

**THANK YOU!**

