

Gift Aid Declaration

Pregnancy Sickness Support, P.O. Box 3277, Nuneaton CV11 6ZL.
Registered Charity No. 1094788

I, _____,
(Title) (Surname) (First Names)

of _____
(Full Address)

_____ Post Code _____

want the Pregnancy Sickness Support Trust 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.

Signature : _____ Date: ____/____/201__

Notes

1. Please notify us if you change your address.
2. You can cancel the declaration at any time by notifying us. It will then not apply to donations you make on or after the date of cancellation or such later date as you specify.
3. You must pay an amount of income tax and/or capital gains tax at least equal to the tax that we claim on your donations in the tax year (currently 25p for each £1 you give).
4. If in the future your circumstances change and you no longer pay tax on your income and capital gains equal to the tax that we reclaim, you can cancel your declaration (see note 2).
5. If you pay tax at the higher rate you can claim further tax relief in your self assessment tax return.
6. If you are unsure whether your donations qualify for Gift Aid tax relief, ask your local tax office for leaflet IR113 Gift Aid.

Thank you for your support.

Completing this declaration increases the value of your gift to Pregnancy Sickness Support, which allows us to further our aims and objectives.