

# GIFT AID DECLARATION

(including Agency Agreement)

Help us raise 25% more every time you donate to our shops, at no extra cost to you.

For completion by the donor - CAPITAL LETTERS PLEASE

\* mandatory

Title  First Name\*  Surname\*

Address\*

Postcode\*  Telephone/Mobile

Email

It saves St Barnabas Hospices money if we can contact you by email

- I wish to Gift Aid my current donation and any I may make in the future or have made in the past 4 years to St Barnabas Hospices (Sussex) Ltd.
- I wish St Barnabas Hospices (Sussex) Ltd to act as an agent in the selling of donations.
- I am a UK taxpayer and understand that if I pay less Income Tax/Capital Gains tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.
- I will notify St Barnabas Hospices (Sussex) Ltd of any change in my personal circumstances, such as name and address, or if I no longer pay UK Income tax or Capital Gains Tax or I wish to cancel this declaration.

\* By ticking (✓) the box I agree to the statements above and confirm I wish to join the Gift Aid scheme.

Signature\*  Date\*

Your personal details, provided above, will only be used by us for administration relating to the Gift Aid scheme. St Barnabas Hospices (Sussex) Ltd will contact you as required under the scheme about the goods you have donated and the scheme itself. We promise to never sell or share your details.

We would like to keep in touch from time to time about the work you are making happen.

If you would like to hear from us please tick (✓) here Post  Email  Phone

## For completion by the Hospice

Form checked by

Entered into EPOS

Shop Name

Affix TMP barcode here

Affix DID barcode here