

FRIENDS OF THE FAVERSHAM COTTAGE HOSPITAL AND COMMUNITY MEDICAL CENTRES

 ${\it Registered~Charity~Number-1185067} \\ {\it To~support~the~work~of~the~Faversham~Cottage~Hospital~and~Community~Medical~Centres~by~means~of~voluntary~service}$

Gift Aid Declaration Form

Please tick the appropriate box:	
	Please treat as Gift Aid donations all gifts of money that I make today and in the future as Gift Aid donations; OR
	Please treat as Gift Aid donations all gifts of money that I have made in the past four years and all future gifts of money that I make from the date of this declaration as Gift Aid donations.
Donor's Details	
Title:	Initial(s):Surname:
Home a	ddress:
Postcod	le: Date:
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1	n that I am a UK Taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.
	otify the us if you:
2.	Want to cancel this declaration. Change your name or home address. No longer pay sufficient tax on your income and/or capital gains.
If you pay income tax at the higher rate, you must include all your Gift Aid donations on your Self-Assessment tax return if you want to receive the additional tax relief due to you.	
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