



First name _____ Surname _____
 Walker no. Unique supporter reference:

giftaid it

	Full name	Home address	Postcode	<input type="checkbox"/>	Amount	Date
1	Mrs L Walker	1 Walk Lane, Step Town	WA1 1L7	<input checked="" type="checkbox"/>	£50.00	dd/mm/yy
2				<input type="checkbox"/>		
3				<input type="checkbox"/>		
4				<input type="checkbox"/>		
5				<input type="checkbox"/>		
6				<input type="checkbox"/>		
7				<input type="checkbox"/>		
8				<input type="checkbox"/>		
9				<input type="checkbox"/>		
10				<input type="checkbox"/>		
11				<input type="checkbox"/>		
12				<input type="checkbox"/>		
13				<input type="checkbox"/>		
14				<input type="checkbox"/>		
15				<input type="checkbox"/>		
16				<input type="checkbox"/>		
17				<input type="checkbox"/>		
18				<input type="checkbox"/>		
19				<input type="checkbox"/>		
20				<input type="checkbox"/>		
21				<input type="checkbox"/>		
22				<input type="checkbox"/>		
23				<input type="checkbox"/>		
24				<input type="checkbox"/>		
25				<input type="checkbox"/>		

Tick the box to Gift Aid your donation.

If I have ticked the box headed 'Gift Aid', I confirm that I am a UK Income or Capital Gains tax payer. I have read this statement and want Farleigh Hospice to reclaim tax on the donation detailed above, given on the date shown. I understand that I must pay an amount of Income or Tax and/or Capital Gains Tax in the year at least equal to the amount of tax that all the charities and Community Amateur Sports Clubs I donate to, will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 25p of tax on every £1 that I have given.

Return your donations and this form to: Farleigh Hospice, North Court Road, Chelmsford CM1 7FH
 A receipt will be issued for all donations to the participant named at the top of this form. **Thank you!**



giftaid it
See Gift Aid statement
overleaf Tick the box to
Gift Aid your donation

	Full name	Home address	Postcode		Amount	Date
26				<input checked="" type="checkbox"/>		
27				<input type="checkbox"/>		
28				<input type="checkbox"/>		
29				<input type="checkbox"/>		
30				<input type="checkbox"/>		
31				<input type="checkbox"/>		
32				<input type="checkbox"/>		
33				<input type="checkbox"/>		
34				<input type="checkbox"/>		
35				<input type="checkbox"/>		
36				<input type="checkbox"/>		
37				<input type="checkbox"/>		
38				<input type="checkbox"/>		
39				<input type="checkbox"/>		
40				<input type="checkbox"/>		
41				<input type="checkbox"/>		
42				<input type="checkbox"/>		
43				<input type="checkbox"/>		
44				<input type="checkbox"/>		
45				<input type="checkbox"/>		
46				<input type="checkbox"/>		
47				<input type="checkbox"/>		
48				<input type="checkbox"/>		
49				<input type="checkbox"/>		
50				<input type="checkbox"/>		

GRAND TOTAL £ _____

Thank you for raising money to help people affected by life-limiting illnesses in mid Essex.



It is because you care that we can

www.farleighhospice.org

Registered Charity No. 284670

