



giftaid it

Gift Aid Declaration

Donor details

Title: _____ Forename: _____

Surname: _____

Home address: _____

Postcode: _____

Contact:

UCLH Charity
5th Floor East
250 Euston Road
London NW1 2PG

Tel: 020 3447 9369
Fax: 020 3447 9544
email: trustees@uclh.nhs.uk

www.uclhcharity.org.uk

Please treat:

- The enclosed gift of £ _____ as a Gift Aid donation, **OR**
- All gifts of money that I make today and in the future as Gift Aid donations, **OR**
- All gifts of money that I have made in the past 4 years and all future gifts of money that I make from the date of this declaration as Gift Aid donations

✓ Please tick the appropriate box.

You must pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April one year to 5 April the next) that is at least equal to the amount of tax that the charity will reclaim on your gifts for that tax year.

Signed: _____ Date: _____

Please notify the Charity if you:

1. Want to cancel this declaration.
2. Change your name or home address.
3. No longer pay sufficient tax on your income and/or capital gains.

Tax claimed by the Charity:

The Charity will reclaim 25p of tax on every £1 you give on or after 6 April 2008.

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.

To be completed by the Charity:

Fund reference _____ Fund name _____

Receipt reference _____ Processed by _____

File reference _____ Date _____

The Charitable Funds of Eastman Dental Hospital, Heart Hospital, Hospital for Tropical Diseases, The Middlesex Hospital, National Hospital for Neurology and Neurosurgery, Royal London Homoeopathic Hospital, St Peter's Hospital and University College Hospital incorporating the EGA Wing.