
STROKE SUPPORT GROUP (WINCHESTER AND DISTRICT)

GIFT AID DECLARATION

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.

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.

Donor's details

Title _____ Initial(s) _____ Surname _____

Home address _____

Postcode _____ Date _____

Signature _____

Please notify the Stroke Support Group (Winchester and District) if you:

- 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.

PLEASE HAND THE COMPLETED FORM TO THE TREASURER. Thank you for your donation.