

Homelink Day Respite Care

GIFT AID DECLARATION

Details of Donor:-

Full Name:

Address:.....

.....

..... Post Code.....

I want **Homelink Day Respite Care** to treat as eligible for Gift Aid all donations I make from the date of this declaration until I notify you otherwise.

Signature: Date:.....

Notes:

1. You must pay an amount of UK income tax and/or capital gains tax at least equal to the tax that the charity reclaims on your donations in the tax year (currently 25p for each £1 you give).
2. You can cancel this declaration at any time by notifying the charity.
3. If in the future your circumstances change and you no longer pay tax on your income and capital gains equal to the tax that the charity reclaims, you can cancel your declaration.
4. If you pay tax at the higher rate you can claim further tax relief in your Self- Assessment tax return.
5. Please notify the charity if you change your name or address.

Please return this form to:

The Manager
Homelink Day Respite Care
c/o St Augustine's Vicarage
Hospital Bridge Road
Whitton
Middlesex TW2 6DE