

Royal Medical Foundation Gift Aid Declaration - for past, present & future donations

Please indicate the designation of	of your gift	
Unrestricted: Allocated to the	area of greatest need	i
Restricted: Please provide detail	ils of any specific res	trictions
Please treat as Gift Aid donation	ns all qualifying gif	ts of money made:
Today only In the	past 4 years	Present and future
Please tick area you wish to apply.		
I confirm that I have paid or will are each tax year (6 April to 5 April) to charities or Community Amateur Sp gifts for that tax year. I understand qualify. I understand the charity will a 2008 and will reclaim 25p of tax on each	hat is at least equal orts Clubs (CASCs) that other taxes sucreclaim 28p of tax or	to the amount of tax that all the that I donate to will reclaim on my ch as VAT and Council Tax do not nevery £I that I gave up to 5 April
Donor's Details		
Title Forename or initial(s)	Surname _	
Full Home address		
		Postcode
Signature		_ Date
 Please notify the Royal Medical Want to cancel this declaration Change your name or address No longer pay sufficient tax on your 	·	
If you pay Income Tax at the higher or relief due to you, you must include a return or ask HM Revenue and Cust	all your Gift Aid don	ations on your Self Assessment tax
Is Your Gift Anonymous? At som alphabetical list of those who have m Yes, include my name on a dono	ade a donation. Pleas	, ,