

Friends of Malvern Community Hospital

Formed 1948 Charity No. 508876

GIFT AID FORM FOR DONATIONS

Notes on Gift Aid

To claim Gift Aid you must pay an amount of Income Tax and/or Capital Gains Tax at least equal to the tax that the charity reclaims on your donation in the appropriate year. **Please sign and date the form below.**

Cheques must be made payable to "**Friends of Malvern Community Hospital**", and may be sent to the address below. Please enclose a SAE if a receipt is required.

Bank transfers may be made to:

Lloyds Bank
Sort Code: 30-95-41
Account No: 01084530

The details below in **bold** are required by HMRC, the others are optional:

Title.....(Mr/Mrs/Miss/Other)

First Name **Surname**.....

House No or Name

Street Name

Post Code

Telephone No :

E-mail address :

I declare that I am a UK tax payer, and wish to Gift Aid my donation of £.....

Signed:

Date:/...../.....

Alan Stevens
Treasurer
55 Geraldine Road
Malvern

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