



GIFT AID FORM

NAME (IN FULL): _____

ADDRESS: _____

_____ POSTCODE _____

Please reclaim tax on all donations I have made since 6 April 2000 and all donations I make hereafter.

Signed:- _____

You must pay an amount of income tax or capital gains tax equal to the tax we reclaim on your donations (28p for every £1 you give.)

Please Post to:

Gift Aid, Church House, Market Place, Evesham, Worcestershire WR11 4RW