

Gift Aid form

I want to Gift Aid my donation of £_____ and any donations I make in the future or have made in the past 4 years to the Liverpool Heart and Chest Hospital Charity.

PLEASE TICK ONE BOX ONLY

☐

I am a UK tax payer and understand that if I pay less Income Tax or Capital Gains Tax in the current tax year than the amount of Gift Aid claimed on all my donations it is my responsibility to pay any difference.

or

☐

I am NOT a UK taxpayer

or

☐

I do not want to Gift Aid this donation

Title First name or Initial Surname

Full Home address

Postcode

Tel No.

I give you permission to call me ☐ *about this donation* ☐ *with information about LHCH Charity and it's work* ☐

Email Address:

I give you permission to email me ☐ *about this donation* ☐ *with information about LHCH Charity and it's work* ☐

Please don't forget to sign and date your declaration and return it to the LHCH Charity Office using the details below

Signature..... Date:

Liverpool Heart and Chest Hospital Charity Thomas Drive, Liverpool L14 3PE

Please notify the charity 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 or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.

Got a query? Get in touch!
0151 600 1409
enquiries@lhchcharity.org.uk

Our Promise. Your privacy is important to us. The LHCH Charity will process your data in relation to its activities as a charitable fundraising organisation. We may, in future, contact you with newsletters, appeals and information about events and offers. If you would like us to stop processing your data, please let us know by ticking this box ☐ *Your personal information is not sold, lent, hired or shared with other parties and is only used by ourselves.*