

Gift Aid Declaration

My Details

Title	Forename(s)	Surname
Address		
		Post Code

Please claim Gift Aid on my donations. I agree that Gift Aid can be claimed on all donations I have made in the last four tax years, and all donations that I will make from this date until I notify you otherwise.

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

Please notify the charity if you want to cancel this declaration, change your name or home address or no longer pay sufficient tax on your income and/or capital gains.

I want the St Mark's Hospital Foundation charity to treat:

(Please tick applicable)

☐ My Gift of £ dated / /

and any future donations as Gift Aid donations until I notify otherwise:

☐ I am not a UK Taxpayer

Signature Date / /

When completed this form should be returned to:

St Mark's Hospital Foundation, St Mark's Hospital, Central Middlesex, Acton Lane, London, NW10 7NS

Thank you

St Mark's Hospital Foundation

St Mark's Hospital Foundation, St Mark's Hospital, Central Middlesex, Acton Lane, London, NW10 7NS

email: info@stmarkshospitalfoundation.org.uk web: www.stmarkshospitalfoundation.org.uk

Registered Charity No. 1140930



A future free from the fear of bowel disease