

The Bedford Hospitals Charity



Gift Aid Declaration

Donor

Title	Mr Mrs Miss Ms Other - (please insert)
Forename(s)	
Surname	
Home address	
Postcode	
Telephone	
Until I notify you otherwise, I want the Bedford Hospitals Charity to treat as Gift Aid donations, all donations I have made for this tax year and the six years prior to the year of this declaration, and all donations I make from the date of this declaration.	
Date	

1. 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 donations in the appropriate tax year.
2. You can cancel this Declaration at any time by notifying the charity.
3. If in the future your circumstances change and you no longer pay tax on your income and capital gains equal to the tax that the charity reclaims, you can cancel your declaration.
4. If you pay tax at the higher rate you can claim further tax relief in your Self Assessment tax return.
5. If you are unsure whether your donations qualify for Gift Aid tax relief, ask the charity or your local tax office.
6. Please notify the charity if you change your name or address.

Bedford Hospitals Charity
PO Box 342
Bedford
MK40 3XS

Registered charity no 299250