GIFT AID DECLARATION

LAMB Health Care Foundation (Charity 1101217)

Please treat as Gift Aid donations all qualifying gifts of money made

☐	This donation
☐	All donations in the past four years
☐	In future

Please tick all boxes that you want to apply

I confirm that I have paid or will pay an amount of income tax and / or capital gains tax for the current tax year (6 April to 5 April) that is at least equal to the amount of tax that all charities I donate to will reclaim on my gifts in the current tax year. I understand that other taxes such as VAT and council tax do not qualify.

Donor's Details

Title First name or Initial(s)

Surname

Home address

Postcode

Email:

Date:

Signature

Please notify us if you:

1. **Want to cancel this declaration**
2. **Change your name or home address**
3. **No longer pay sufficient tax on your income and/or capital gains**

Please return this form to Richard Todd, Trustee of LAMB Health Care Foundation.
A scanned copy by email would suffice or by post to
27, Radway Road, Shirley, Southampton SO15 7PL
If you have any questions please contact rt@lhcf.org.uk