

GIFT AID DECLARATION – please complete if appropriate
LAMB Health Care Foundation

Please treat all gifts of money that I make today and in the future as Gift Aid donations.

You must pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April one year to 5 April the next) that is at least equal to the amount of tax that LHCF will reclaim on your gifts for that tax year.

Donor's Details

Title..... Initial(s)..... Surname.....

Home address.....

.....

Postcode..... 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 Colin Carter, Trustee of Lamb Health Care Foundation, 64 Gallys Road, Windsor, Berkshire. SL4 5RA