

Declaration for Gift Aid Donations

Title (Mr, Mrs, Miss, Ms) _____

First Name(s) _____

Surname _____

Address _____

Postcode _____

Tel no: _____

Mem No (if applicable) _____

All donations I have made to the Raynaud's & Scleroderma Association since 6th April 2000 and all donations I make hereafter, I wish to be treated as Gift Aid. This will enable the Charity to reclaim tax on my donations.

I confirm that I am a taxpayer and will notify the Charity if I no longer pay an amount of income tax equal to the tax reclaimed on my donations.

Signed _____

Date _____