

Neurocare Gift Aid Form

Details of Neurocare donor

Title.....Forename(s).....Surname.....

Home address.....

.....Post Code.....

I want Neurocare to treat

*the enclosed donation of £..... as a Gift Aid donation

*the donation(s) of £..... which I made on.../.../..... as (a) Gift Aid donation(s)

*all donations that I make from the date of this declaration until I notify you otherwise as Gift Aid donations

*all donations I have made for the six tax years prior to the year of this declaration, (but no earlier than 6/4/2000) **and** all donations I make from the date of this declaration until I notify you otherwise, as Gift Aid donations.

**delete as appropriate*

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. (currently 28p for each £1 you give).

Date **Signed**

NOTES

1. You can cancel this Declaration at any time by notifying the charity.
2. 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.
3. If you pay tax at the higher rate you can claim further tax relief in your Self Assessment tax return.
4. If you are unsure whether your donations qualify for Gift Aid tax relief, ask the charity. Or, refer to donations by individuals.
5. Please notify Neurocare if you change your name or address.

Thank you for taking the time to fill this form in.

Data Protection: Please tick this box if you do not wish to receive further information from Neurocare on its valuable work