

giftaid it



## GIFT AID DECLARATION

Please treat

- The gift of £ \_\_\_\_\_ as a Gift Aid donation; **OR**
- All gifts of money that I make today and in the future as Gift Aid donations; **OR**
- All gifts of money that I have made in the past 4 years and all future gifts of money that I make from the date of this declaration as Gift Aid donations

*Please tick the appropriate box*

You must pay an amount on 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 we can reclaim on your gifts for that tax year.

Title: _____ Forename(s): _____ Surname: _____
Home Address: _____
_____ Postcode: _____
E-mail: _____
Signature: _____ Date _____

### Tax claimed by Maples Cancer Care (operating name of Rotherham Cancer Care Centre)

- We can reclaim 25p of tax on every £1 you donate

**If you pay income tax at the higher rate**, you must include all your Gift Aid donations on your Self Assessment tax return if you want to receive the additional tax relief due to you.

### Please notify us if you:

- Want to cancel this declaration
- Change your name or home address
- No longer pay sufficient tax on your income and/or capital gains

Maples Cancer Care  
(Operating name of Rotherham Cancer Care Centre)  
93 Badsley Moor Lane  
Clifton, Rotherham  
South Yorkshire S65 2SP  
Tel: 01709 375729/Mob: 07939483779  
Registered Charity No. 1150857 Company No. 8314253  
E-mail: