

Gift Aid form

Return address: Martin House Children's Hospice, Grove Road, Boston Spa, Wetherby, West Yorkshire, LS23 6TX

Title:	Forename(s) or initial(s):	Surname:
Address:		Telephone number: (in case of queries)
		Email address:
	Postcode:	
Please n	ow tick and date the declaration be	elow, or we will miss out.
Yes, I w	vant to gift aid my donation, and any donations use. I am a UK taxpayer and understand that it	I make in the future or have made in the past four years to f I pay less Income Tax and /or Capital Gains Tax than the
	,	year it is my responsibility to pay any difference.
Signature	e:	Date:
Please n	otify Martin House if you:	
	cancel this declaration	
• Change	your name or home address er pay sufficient tax on your income and/or (Capital Gains
		want to receive the additional tax relief due to you, you must include return or ask HM Revenue and Customs to adjust your tax code.
Would ye	ou like to stay in touch?	
	updated on our vital hospice work, fundrais o the following channels:	ing activities, events, and volunteering opportunities, please tick
Email	Yes No Phone Yes No Te	ext Yes No
We also se	end you postal updates. If you would prefer n	not to receive these, please tick here to opt out
	nange your preferences at any time by calling g getinvolved@martinhouse.org.uk.	g our team on 01937 844569
You can fir	nd our privacy policy at martinhouse.org.uk/	/Privacy for more details on how we process your data.

