Gift Aid Form Boost your guests' donations by 25%

Complete using the same details that you registered with:

Full name

Organisation
1st line of address
Postcode

Write your full name.

To claim Gift Aid, the form must be clearly completed in the donor's handwriting.

Fill in home address and postcode.

Please do not include your work address as HMRC need to know where you live to claim Gift Aid.

Avoid ditto marks.

Unfortunately, we can't claim Gift Aid on your donation if you use ditto marks (") on the form.

Please confirm statements below to make sure your donation is eligible.



- This donation is my own money. It hasn't come from anyone else or a collection.
- ✓ This donation is voluntary, and not the proceeds from a sale, like
 a cake sale.
- ✓ I'm not in with a chance to win a prize from this donation e.g. in a raffle or sweepstake.

By ticking the box headed 'Gift Aid', I have read this statement and want SECAmb Charity to reclaim tax on the donation detailed below. I am a UK tax payer and I understand that if I pay less Income Tax / or Capital Gains tax in the current tax year than the amount of Gift Aid claimed on all my donations it is my responsibility to pay any difference. I understand the charity will reclaim 25p of tax on every £1 that I have given. Please return your completed form to: SECAamb Charity, Ambulance HQ, Nexus House, 4 Gatwick Road, Crawley, Sussex. RH10 9BG or email to charity@secamb.nhs.uk

the form.						-	
First name	Surname	First line of home address	Postcode	Date paid	Your donation	Gift Aid (please tick)	
Paul	Example	110 Brown street	CR1 3FG	DD.MM.Y	£10.00	*	
✓ = Gift Aid All fields are							
			Total	Data naid to			
			Total	Date paid to charity			
				Charity			



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First name	Surname	First line of home address	Postcode	Date paid	Your donation	Gift Aid (please tick)	
Paul	Smith	110 Brown street	BB12 3FG	DD.MM.Y	£10.00	~	
✓ = Gift Aid All fields are							
			Total	Date paid to			
			Total	Date paid to charity			
				Charity			



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			TOtal	charity			
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