

Aintree University Hospital NHS Foundation Trust

GIFT AID DECLARATION

The purpose of this declaration is to enable Aintree University Hospital NHS Foundation Trust to reclaim an amount from the Inland Revenue equal to the tax that the donor will already have paid at source (for example, income tax taken from salary payment).

The declaration will apply to all future donations, whilst the donor continues to pay tax equal to the amount to be reclaimed by the charity.

Donor's full name and title	
Donor's full postal address	
Charity name	The Aintree University Hospital Charitable Fund (Registered number 1050542)

Declaration

I declare that I wish this donation to be treated as a Gift Aid donation thereby allowing the charity to reclaim tax paid at source. I must pay an amount of income tax and/or capital gains tax at least equal to the tax that the charity reclaims on my donations in the tax year.

Signed:

Date:

FOR CHARITY USE ONLY	
If this form has been completed via an oral declaration or by electronic means, please describe the circumstances (and initial and date the narrative)	
If the form has been completed via an oral declaration or by electronic means, it is only valid, and tax can only be reclaimed, once a written record has been sent to the donor.	<i>A written record was sent on ____/____/20____</i>
Please confirm in the box on the right that a written record has been dispatched	Signed: Name: Title:

When this Gift Aid form is completed, please send to:-

Head and Neck Charitable Giving
c/o Ms Jane Hoare
Finance Department
MFU Directorate
Lower Lane
Liverpool L9 7AE

Or email the completed Form to:-

jane.hoare@aintree.nhs.uk