

GIFT AID DECLARATION**Mr/Mrs/Miss/Other:****Forename(s)****Surname****Address:** **Postcode**

This declaration confirms my wish to make donations to Cruse Bereavement Care under the GIFT AID scheme and applies to all donations made by me from 6th April
I understand that I must pay an amount of income tax or capital gains tax in the relevant year equal to any tax reclaimed by Cruse Bereavement Care in that period.

I confirm that I am a UK tax payer, resident in the UK for tax purposes and that I will inform Cruse Bereavement Care if this situation changes.

Signature: **Date:**

- NOTES:
1. A witness to your signature is not required
 2. You may make the declaration verbally. Please contact the Treasurer.
 3. You may give notice at any time to cancel this declaration.