

University College London Hospitals Charities

Charity Registration No 229771

Gift Aid Declaration

Donor Details	Contact: UCL Hospitals Charities The Trustees Department 140 Hampstead Road London NW1 2BX Tel: 0207 380 9622/3237 Fax: 0207 380 9795
Title _____ Forename _____	
Surname _____	
Address _____	

Declaration

I declare that the above charity must treat as a Gift Aid donation:

- * the enclosed donation of £.....
- * the donation(s) of £..... which I made on/...../.....
for the benefit of fund 0401 the Cancer Thermal Ablation Fund.
- * complete as appropriate

and I also declare the charity must treat as a Gift Aid donation:

- * all donations I make from the date of this declaration until I notify you otherwise
- * all donations I have made since 1 Jan 2006 and all donations I make hereafter until I notify you otherwise
- * delete as appropriate

Signed _____ Date _____

Important: Please read the following before signing declaration.

1. You can cancel this declaration at any time by notifying us at the above address.
2. To enable us to reclaim tax on your donations, you must be paying income tax or capital gains tax equal to the sum(s) to be reclaimed by the charity. By completing this form and returning it to us, we can claim the tax back on your donation, giving the Charity an extra 28p for every £1 you donate.
3. If in future your circumstances change and you no longer pay tax on your income equal to the tax that we reclaim, you must cancel your declaration (see note one).
4. If you pay tax at the higher rate you are entitled to claim further tax relief in your Self Assessment tax return.
5. If you are unsure whether your donations qualify for Gift Aid tax relief, ask your local tax office for leaflet IR113 Gift Aid, or contact us at the above number.
6. Please notify the charity if you change your name or address.

* I would like information on leaving a bequest in my will	<input type="checkbox"/>	Y/N
* I would like information on making a regular donation	<input type="checkbox"/>	Y/N
* I would like to receive your news letters	<input type="checkbox"/>	Y/N

To be completed by the Charity

Fund Reference _____	Fund Name _____
Cash Receipt Reference _____	Processed by _____
File Reference _____	Date _____