



## Gift Aid Declaration Form

Making a Gift Aid declaration on behalf of Shuttlewood Clarke Foundation means that we can reclaim the tax that you pay on all your donations, increasing their value significantly at no extra cost to you.

### Benefits to Shuttlewood Clarke Foundation

- We receive an extra 25p for every £1 you donate, and it doesn't cost us anything.
- We can use these vital funds to make a difference to everyone who benefits from our services.

### By completing this form, you are confirming: -

- That you are a UK taxpayer (please be aware that you must have paid an amount of income or capital gains tax at least equal to the tax that we reclaim on your donations in the appropriate tax year).
- That you wish Shuttlewood Clarke Foundation to act as your agent in selling the goods that you have donated.
- That you wish Shuttlewood Clarke Foundation to claim tax on all donations you make on or after the date of this declaration or that you have made in the past 4 years.

<b>Title:</b>	<b>First Name:</b>	<b>Surname:</b>
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<b>Home Address:</b>
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<b>Postcode:</b>	<b>Telephone:</b>
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<b>Email:</b>
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<b>Signature:</b>	<b>Date:</b>
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### Please notify the charity if you:

- Would like to cancel this declaration
- Change your name or home address
- No longer pay sufficient tax on your income and/ or capital gains.

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If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.

We would love to keep in touch with you to tell you about our work and how you can support it. Please tick the box if you would like to receive these emails.

For further information about how we use and protect your information please view our privacy policy at <https://shuttlewood-clarke.org/about-us/privacy/>. **Please return this form to:** Shuttlewood Clarke Foundation, Ulverscroft Grange, Whitwick Road, Ulverscroft, Leicestershire, LE67 9QB.

OFFICE USE:

DONOR ID:

DATE:

SIGNATURE: