

Gift Aid Declaration Form

Registered Charity Number 208078



By signing this form, Cruse Bereavement Care will receive an **extra 25p for every £1** you give, at no extra cost to you. This is simply because we will be able to claim the tax back on your donation.

Title:	Forename:	Surname:
Address:		
Post Code:		

Please treat as Gift Aid donations all qualifying gifts of money made: **(Please tick all that apply)**

- Today in the past 4 years in the future

I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities or Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand Cruse Bereavement Care will reclaim 28p of tax on every £1 that I gave up to 5 April 2008 and will reclaim 25p of tax on every £1 that I give on or after 6 April 2008.

Signed _____

Date _____