

GIFT AID DECLARATION

TITLE & FULL NAME (Block Capitals) _____

FULL ADDRESS : _____

I hereby declare that all donations I have made since April 6th 2000 and all donations I make hereafter to Hampshire & Isle of Wight Youth Options be treated as Gift Aid Donations and as such request the said charity to reclaim tax on my donations.

Donor's Signature : Dated :

NOTE TO DONOR

Tax Requirement

- You must pay an amount of income tax or capital gains tax equal to the tax we claim on donations – currently 28p for every pound you give.
- Remember to notify us if you no longer pay an amount of income tax or capital gains tax equal to the tax we claim on your donations, or you may become liable for the payment of tax so claimed.

Please complete and return this whole form to Hampshire & Isle of Wight Youth Options, St Thomas Centre, 20 Southgate Street, Winchester, Hampshire, SO23 9EF

Registered Charity No : 1056463

STANDING ORDER MANDATE

To The Manager

Account Holder's Name & Address

Please pay to Hampshire & Isle of Wight Youth Options :

Account No : 0238362 Sort Code : 30-99-71 : Lloyds TSB, 49 High Street, Winchester SO23 9BU

the sum of £ _____ in words _____

Commencing on the _____ day of _____

and then on the _____ day of each month/year thereafter until _____ or cancelled by me in writing.

ACCOUNT NUMBER TO BE DEBITED

THIS IS A REPLACEMENT/NEW STANDING ORDER (please delete as appropriate)

SIGNATURE _____ DATE _____