



Donation Form

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If you are a UK taxpayer and eligible to Gift Aid your donation, please complete the declaration below. This will increase your gift by 25p for every £1 given at no extra cost to you or us. Thank you.

Please treat as Gift Aid donations all qualifying gifts of money made from the date of this declaration and in the past four years. (Please tick the box). Until I notify you otherwise. I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

Full Name : _____

Address (including postcode): _____

Postcode: _____

Signature: _____ Date: _____

I wish to donate £ _____ each month / one off payment to the Kilimatinde Trust

By Direct Debit Standing Order Cheque One off payment

Please set up your payment with your Bank to the following account.

Lloyds Bank, Hartlepool Sort code: 30-99-47 Account: 00809689

I wish my donation to be directed to

Hospital St Johns School St Johns Nursery St Johns Primary
Food Fund General Projects Other

Name _____ Name _____
Project _____ Other _____

Please return this form to :- **Mrs J Barrett, 108 High Street, Hartlepool, TS24 0QY**