

GIFT AID DECLARATION FORM

Full Name of Donor: _____

Home Address: _____

Postcode: _____

I want to Gift Aid my donation and any donations I make in the future or have made in the past 4 years to:

_____ (enter charity name)

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

Details of Donation:

Donation Amount: _____ £ GBP

Date of Donation: _____

Declaration:

• 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 the charity will reclaim 25p of tax on every £1 that I give on or after 6 April 2008. • I understand the charity will reclaim 25p of tax on every £1 that I give on or after 6 April 2011. • I understand I must notify the charity or CASC if I want to cancel this declaration, change my name or home address or no longer pay sufficient tax on my income and/or capital gains.

Signature of Donor: _____

Date Signed: _____

Notes for Donor:

• Please notify the charity if you: want to cancel this declaration; change your name or home address; or no longer pay sufficient tax on your income and/or capital gains. • 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. • This declaration is governed by and interpreted in accordance with the laws of England and Wales.

Charity Details (to be completed by the charity):

Charity Name: _____

Charity Registration Number (if applicable): _____

Charity Address: _____

Authorized Signature: _____

Date: _____

DONOR'S SIGNATURE

CHARITY'S AUTHORIZED SIGNATURE

Signature: _____

Signature: _____

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