The Bedford Hospitals Charity

Making the difference for patients and carers

giftaid it

Please sponsor me (name) _____

To (event) _____

In aid of Bedford Hospitals Charity _____ Appeal

If I have ticked the box headed 'Gift Aid? √', I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and want the Bedford Hospitals Charity to reclaim tax on the donation detailed below, given on the date shown. I understand that if I pay less Income Tax / or Capital Gains tax in the current tax year than the amount of Gift Aid claimed on all of my donations it is my responsibility to pay any difference. I understand the charity will reclaim 25p of tax on every £1 that I have given.

Remember - You must provide your full name, home address, postcode & '√' Gift Aid for the charity to claim tax back on your donation..

Full name (first name & surname)	**Home address and postcode** (needed if you are Gift Aiding your donation)**.** Please, **not** your work address	**Amount £**	**Date paid**	**Gift Aid? √**

Full name (first name & surname)	**Home address and postcode** (needed if you are Gift Aiding your donation)**.** Please, **not** your work address	**Amount £**	**Date paid**	**Gift Aid? √**