

# Gift Aid declaration form

Please print this form, complete in CAPITAL letters and send it to  
St Barnabas Fundraising Office, 12 Cardinal Close, Lincoln, LN2 4SY

I CERTIFY that any donation I make on or after the date of this declaration be  
treated as Gift Aid donations.

Enter your full name and address

That I.....

Address.....

.....

Post code.....

Have made a donation to St Barnabas Hospice Trust (Lincolnshire)

In the sum of £ : Type of donation.....

Date of donation.....

I want the St Barnabas Hospice Trust (Lincolnshire) to reclaim tax on my donations

Yes/No delete as appropriate

Donors Signature.....Date.....

Anyone paying income tax whether at the lower, standard or high rates may sign the above provided you  
pay an amount of income tax or capital gains tax equal to the tax we shall reclaim on your donation  
(28p in the £1 you give).

Please remember to notify us if you no longer pay an amount of income tax or capital gains tax equal to  
the tax we shall reclaim in your donation (28p in the £1 you give.)

You are entitled within 30 days, to cancel this declaration at any time by advising the  
St Barnabas Fundraising Office, 12 Cardinal Close, Lincoln LN2 4SY.

**Charity Number 1053814**

For completion by the charity

N L Code

Cash Sheet

Receipt Nr