

Charity Gift Aid Declaration

Boost your donation by 25p of Gift Aid for every £1 you donate

Gift Aid is reclaimed by the charity from the tax you pay for the current tax year. Your address is needed to identify you as a current UK taxpayer.

In order to Gift Aid your donation you must tick the box below:
$\hfill \hfill $
Name of Charity: Open Hands Charity
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.
My Details:
Title: First name or initial(s):
Surname:
Address:
Postcode:
Date:
Signature:

Please notify the charity if you:

• want to cancel this declaration

Registered Charity No.: 1136482

• change your name or home address

• 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.

Please return this form to via post to:

Open Hands Charity

25 Bowden Rise

Seaford

East Sussex

BN25 2HZ

Name:

Or digitally to: office@openhandscharity.eu

Data Protection

Legislation effective from May 2018 means that you have more clarity and choice about personal information that organisations hold about you. To ensure that Open Hands Charity is compliant with these laws and that your data is treated with care and respect, we need your permission to retain personal information that you provide to us, so ensuring that we only contact you because you have agreed that we can.

If you are happy for us to contact you and so retain personal information about you, please confirm your details and sign below. Your rights in relation to this information, including to opt out of any permission you give, are set out in the personal data privacy notice in the legal section on our website - www.openhandscharity.eu

Address:		
Phone:		
E-mail:		
Preferred form of contact if you do not want to receive e-mail from us:		
Signed:	Date:	