



GIFT AID

Please complete in BLOCK CAPITALS
Thank you

My Full Name: _____

My Address: _____

Post code: _____

I want the above Charity to treat the following as Gift Aid donations (tick box as appropriate)

The enclosed donation £ _____

The donation of £ _____ I made on: _____

All donations I will make from the date of this declaration until further notice.

Date: _____

Signature: _____

I know that I must pay an amount of income/capital gains tax at least equal to the tax the charity reclaims on my donation in the next year. (currently 28p for £1)

I can cancel this declaration at any time by notifying the Charity.

Date: _____

Signature of Witness: _____

Address: _____

Post code: _____

Governors & Trustees

Dr G P Deutsch [FRCP, FRCR](#) Dr D Bloomfield [MRCP, FRCR](#) Dr N Hodson [MB, ChB, BSc, FRCR](#) Dr F McKinna [MRCP, FRCR](#) Dr S Mitra [MS, DNB, FRCS, FRCR](#) Dr G Newman [MRCP, FRCR](#) Dr R A J Simcock [MRCP, FRCR](#)
Dr J Simpson [MRCP, FRCR](#) Dr A Webb [MD, MRCP](#) Dr W Wilkins [FRCR](#) Dr A Chalmers [MRCP, FRCR, PhD](#) K Davis, R J G Dyson, G Mishon, T N Robbins, H Welling (Honorary Treasurer)