

Giving Hope and Dignity

GIFT AID DECLARATION

If you are **not** a tax payer please tick this box **OR** if you are a tax payer by completing this declaration Polio Children can claim from the Inland Revenue an **extra 25p for every £1** you give.

Title: Mr/Mrs/Miss/Ms Full Name: _____

Reside(s) at Address: _____

Post Code: _____

This declaration covers all donations I/we have made since April 6th 20__ and all donations I/we will make in the future. I/we confirm that I/we will pay an amount of UK income tax and/or capital gains tax equal to the amount of tax reclaimed on my/our donations. I understand that other taxes such as VAT and Council Tax do not qualify.

Signed 1st taxpayer: _____ Signed 2nd taxpayer (if applicable) _____

Date: _____

If your circumstances change and you are no longer eligible for this scheme please inform Polio Children.

For Joint declarations, spouses must include both full names. If the gift is from both of you but only one of you pays tax, please indicate how much is being given by the taxpayer as Polio children can only reclaim tax on donations from the taxpayer

