

Gift Aid Declaration



To enable us to reclaim the tax on your donations please tick and date the declaration below and return this form to:

The Arthrogyposis Group
PO Box 5336, Stourport-on-Severn DY13 3BE

Title _____

Full Name
(including any initials) _____

Address _____

Post code _____

Contact no: _____

Email: _____

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If you have any further questions about Gift Aid, or would like help in completing this form please call us on 0800 028 4447

The Arthrogyposis Group will only use your personal information to provide you with information, services or products you have requested, for administration purposes and to further our charitable aims. We may need to share your information with our service providers, associated organisations and agents for these purposes.

If you do not wish to share your information with others in TAG please tick this box

Tick box

Yes, I want The Arthrogyposis Group to treat all donations I have made for the six years prior to this year, and all donations I make from the date of this declaration until I notify you otherwise, as gift aid donations.

I confirm I pay an amount of income tax and/or capital gains tax at least equal to the tax that the charity will reclaim on my donations in the tax year.

Signed: _____

Date: please complete