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Please complete this form and send it to:
The Secretary, Livingstonia Hospital Partnership, 128
Lackan Road, Ballyward,
Castlewellaan N. Ireland, BT31 9RX



Livingstonia
Hospital Partnership

Gift Aid declaration – for present & future donations

Name of Charity **LIVINGSTONIA HOSPITAL PARTNERSHIP (LHP)**

Please treat as Gift Aid donations all qualifying gifts of money made:

Today _____ All future donations to LHP _____

Please tick all boxes you wish to apply.

* I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities or Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 25p of tax on every £1 that I give.

Donor's details

Title _____ First name or initial(s) _____

Surname _____

Full home address _____

Postcode _____

Date _____

Signature _____

Please notify the charity or CASC if you:

*Want to cancel this declaration
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*