



Donation Form

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If you are a UK taxpayer and eligible to Gift Aid your donation, please complete the declaration below. This will increase your gift by 25p for every £1 given at no extra cost to you or us. Thank you.

Please treat as Gift Aid donations all qualifying gifts of money made from the date of this declaration and in the past four years. (Please tick the box). Until I notify you otherwise.
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.

Full Name : _____
Address (including postcode): _____

Postcode: _____
Signature: _____ Date: _____

I wish to donate £ _____ each month / one off payment to the Kilmatinde Trust
By Direct Debit Standing Order Cheque One off payment
Please set up your payment with your Bank to the following account.
Lloyds Bank, Hartlepool Sort code:30-99-47 Account: 00809689
or use our Just Giving Page www.justgiving.com/thekilmantindetrust/
I wish my donation to be directed to
Hospital St Johns School St Johns Nursery St Johns Primary Food Fund
 General Projects Other
Name _____ Name _____
Project _____ Other _____
Please return this form to :- **Mrs J Barrett, 108 High Street, Hartlepool, TS24 0QY**