

Friends of

Leicestershire Wildlife Hospital



Reg. Charity No.1078817

Application form

I wish to become a Friend of Leicestershire Wildlife Hospital.

Your details

Title: Full name:

Address:

.....

..... Postcode:

Tel: Email:

Contribution

The total of my annual contribution will amount to £15.00 or more.

I would like to give: Monthly/Quarterly/Annually (*delete as appropriate*)

£2

£2.50

£5

£10

£15

Other Amount

Method of payment

I enclose a **cheque** made payable to Leicestershire Wildlife Hospital.

I enclose the completed **standing order form**.

I have set up a standing order through my **internet banking**.

Gift Aid declaration

Title: Full name:

Address:

..... Postcode:

Please treat as Gift Aid donations all qualifying gifts of money made today in the past 4 years in the future.

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 28p of tax on every £1 that I gave up to 5 April 2008 and will reclaim 25p of tax on every £1 that I give on or after 6 April 2008.

Signature:

Date: (DD/MM/YYYY) __/__/____

Please notify Leicestershire Wildlife Hospital 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.



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Standing order form

1. Bank/Building Society details

To: The Manager Bank PLC/Building Society

Branch Address:

.....

..... Postcode:

Your Bank/Building Society account number:

Your branch sort code: - -

Full name(s) of account holder(s):

Address on account (*your address*)

.....

..... Postcode:

2. Payment details

Please pay account name: **Leicestershire Wildlife Hospital Building Fund**

Bank Sort Code: **20-49-08** Bank Account Number: **00561010**

First payment:

Amount: (*in words*) £..... (*in figures*) on __ / __ / ____ (*date*)

Ongoing payments:

Amount: (*in words*) £..... (*in figures*) on __ / __ / ____ (*date*)

and thereafter monthly/quarterly/annually (*delete as appropriate*) until further notice.

3. Confirmation

Signature: Date: (DD/MM/YYYY) __ / __ / ____

Once complete, please send this form to:

Leicestershire Wildlife Hospital Trust

c/o 12 Rookery Close, Kibworth Beauchamp, Leicestershire, LE8 0JH. T: 0795 1285 366

Thank you for your support