

Hospital of St Cross & Almshouse of Noble Poverty

GIFT AID DECLARATION

Please complete in BLOCK LETTERS

Title

Fore Name(s)

Surname

Full Address

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Post Code

I would like the Hospital of St. Cross & Almshouse of Noble Poverty to reclaim tax on all my donations made to the Hospital since 1 January 2006 until further notice.

I understand that I must pay an amount of income tax and/or capital gains tax at least equal to the tax reclaimed on my donations.

Signature of Donor

Date of signature

For Hospital use only :

Date received

Donor code number