

# Hospital of St Cross & Almshouse of Noble Poverty

## GIFT AID DECLARATION

Please complete in BLOCK LETTERS

Title .....

Fore Name(s) .....

Surname .....

Full Address .....

.....

.....

.....

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 .....