



For past, present & future donations

• Change your name or home address

• No longer pay sufficient tax on your income and/or capital gains

Please treat as Gift Aid do	onations all qualifying gifts of money made	2:
today	in the past 4 years	in the future
Please tick all boxes you wish to	apply.	
April) that is at least equal t I donate to will reclaim on r	pay, an amount of Income Tax and/or Capita o the amount of tax that all the charities or Co my gifts for that tax year. I understand that oth parity will reclaim 25p of tax on every £1 that I	ommunity Amateur Sports Clubs (CASCs) that her taxes such as VAT and Council Tax do not
Donor's details		
Title	First name	
Surname		
Full home address		
		Postcode
Signature		Date
Please notify us if you:		
 Want to cancel this declar 	ration	

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.

If you are unsure whether your donations qualify for Gift Aid tax relief, please ask or refer to help sheet HS342 on the HMRC website: www.hmrc.gov.uk



Hope for families with life-limiting epilepsy

Event:

Sponsor Form

Event date:								
Name of participant:								
Address of participant:								
UK to reclaim tax on th	ir names and addresses below and have ne donation detailed below, given on the or capital gains tax at least equal to the	e date shown. We	understand th	nat each of us	must pay an			
Name (first name and surname)	Address Not your work address (this is essential for gift aid)	Postcode	Amount pledged	Amount paid	Gift Aid? (please tick)			

Page Total:

For further information on DRAVET Syndrome UK please visit our website www.dravet.org.uk