

## GIFT AID DECLARATION

NAME OF CHARITY	 <b style="font-size: 1.2em; margin-left: 10px;">GRAMPIAN AUTISTIC SOCIETY</b>
REGISTERED NUMBER	SCOTTISH CHARITY No SC 007421

DETAILS OF DONOR - PLEASE COMPLETE		
SURNAME Mr/Mrs/Miss/M/s		
FORENAME(S)		
ADDRESS		
POSTAL CODE		
FOR OFFICE USE ONLY	MEMBERSHIP NUMBER <i>(IF APPLICABLE)</i>	

I WANT THE CHARITY TO TREAT AS **GIFT AID DONATIONS** \*

* PLEASE COMPLETE AS APPROPRIATE AND TICK RELEVANT BOX BELOW			
* THE MEMBERSHIP FEE	£	PAYING BY STANDING ORDER	
		CHEQUE ENCLOSED HEREWITH	
* THE DONATION OF	£	ENCLOSED HEREWITH	
* THE DONATION OF	£	WHICH I MADE ON	...../...../.....
* ALL DONATIONS/MEMBERSHIP FEES I MAKE FROM THIS DECLARATION UNTIL I NOTIFY YOU OTHERWISE			
* ALL DONATIONS I HAVE MADE SINCE APRIL 2000, AND ALL DONATIONS I MAKE FROM THE DATE OF THIS DECLARATION UNTIL I NOTIFY YOU OTHERWISE			

SIGNATURE .....

DATE .....

***FOR GUIDANCE PLEASE REFER TO NOTES OVER .....***

## NOTES

1. **YOU MUST PAY AN AMOUNT OF INCOME TAX AND/OR CAPITAL GAINS TAX AT LEAST EQUAL TO THE TAX THAT THE CHARITY RECLAIMS ON YOUR DONATIONS IN THE TAX YEAR.**
2. YOU CAN CANCEL THIS DECLARATION AT ANY TIME BY NOTIFYING THE CHARITY.
3. IF IN THE FUTURE YOUR CIRCUMSTANCES CHANGE AND YOU NO LONGER PAY TAX ON YOUR INCOME AND CAPITAL GAINS EQUAL TO THE TAX THAT THE CHARITY RECLAIMS, YOU CAN CANCEL YOUR DECLARATION (SEE NOTE 1).
4. IF YOU PAY TAX AT THE HIGHER RATE YOU CAN CLAIM FURTHER TAX RELIEF IN YOUR SELF-ASSESSMENT TAX RETURN.
5. IF YOU ARE UNSURE WHETHER YOUR DONATIONS QUALIFY FOR GIFT AID TAX RELIEF, ASK THE CHARITY. OR ASK YOUR LOCAL TAX OFFICE FOR LEAFLET IR 65 GIFT AID.
6. PLEASE NOTIFY THE CHARITY IF YOU CHANGE YOUR NAME OR ADDRESS.