

'Lunch for Leprosy' Donation form



The Leprosy
Mission

EVENT CONTACT NAME

EVENT LOCATION

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If you are able to agree with the Gift Aid declaration, The Leprosy Mission can reclaim 25p in every pound that you give at no extra cost to you. All you need to do is fill in the details below and tick the Gift Aid box.

NAME

ADDRESS

TELEPHONE

EMAIL

POSTCODE

Title/First name/Surname	Home address & number (this is essential for Gift Aid)	Postcode	Date paid	Donation amount	Gift Aid?	I prefer not to be contacted by TLM in the future	For office use only
MRS JANE SMITH	12 CHARITY WAY, PETERBOROUGH	AB1 2CD	1/1/2017	£10.00	✓		

Total Collected £

Please ensure that you fill in ALL columns in BLOCK CAPITALS

Continued over...

Gift Aid declaration

If I have ticked the box headed 'Gift Aid?' I confirm I have read this statement and want The Leprosy Mission to reclaim tax on my donations as detailed, given on the date shown. I confirm that I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my charitable donations in that tax year it is my responsibility to pay any difference.

Please notify The Leprosy Mission if you want to cancel this declaration, change your name or home address or no longer pay sufficient tax.

FOR CHARITY'S USE

Source code **18LFLRM**

Account no. _____

Fund code _____

