



## GIFT AID FORM

FULL NAME .....

ADDRESS .....

.....

POSTCODE .....

**I want the North West Air Ambulance, charity no. 1075641, to treat:**

All donations I have made since 6 April 2000, and all donations I make from the date of this declaration until I notify you otherwise **as gift aid donations.**

Notes:

1. You can cancel this declaration at any time by notifying the charity.
2. 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 (currently 28p for each £1 you give).
3. If in the future your circumstances change and you no longer pay tax on your income and capital gains equal to the tax 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, as your local tax office for leaflet IR113 Gift Aid.
6. Please notify the charity if you change your name and address.

Under the terms of the Data Protection act you have the right to advise us at any time if you do not wish to receive further communications from the NWAA.

**Please tick here if you wish to exercise that right**

Signed .....

Date .....