



SASBAH

SUSSEX ASSOCIATION FOR
SPINA BIFIDA AND HYDROCEPHALUS

GIFT AID DECLARATION FORM

Please complete this form to allow *SASBAH* to reclaim the tax on your donation(s). You **must** pay an amount of income tax equal to the tax that is reclaimed on your donations.

Your **full** name in BLOCK CAPITALS: _____
(Please include your title)

Your **full** address in BLOCK CAPITALS _____

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Please treat all donations I make to *SASBAH* on or after **1st January 2018** as Gift Aid donations. I want *SASBAH* to reclaim tax on my donations. I confirm that I pay an amount of income tax each year at least equal to the amount of tax which will be recovered in that year. I will advise *SASBAH* in writing when I no longer pay that tax or have moved to a new address.*

Give your usual signature: _____

Enter the date you actually sign this declaration: _____

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Please complete and send this form to:

The Fundraising Department, *SASBAH*, 39 Church Street, Eastbourne BM21 1HP

Registered Charity No: 1175032