

**The Friends of Tetbury Hospital**

**Single Gift**

**Please print**

Name………………………………………………………………………………………….

Address………………………………………………………………………………………..

…………………………………………………….……………..Postcode….……………….

Email address *(if you have one)*………………………………………………………………

I enclose the sum of…………………………………………………………………..……….

##### Gift Aid Declaration

*Please complete this simple form which will allow us to claim tax relief on every pound you give us. This Declaration will cover all donations that you give us (as long as you continue to pay income tax) whether by Standing Order or as single gifts.*

I want the Friends of Tetbury Hospital to treat all donations I make from the date of this declaration as Gift Aid Donations

I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities or Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for that tax year.

Signature…………………………………………………..Date…………………

Please return this completed form, with your donation to; The Accounts Department,

Tetbury Hospital Trust Ltd, Tetbury Hospital, Malmesbury Road, Tetbury, Gloucestershire,

GL8 8XB

Tetbury Hospital Trust Ltd is a Registered Charity No:1008926

**Email Service**

The Email service will only be used to contact you with news about the Hospital and information about Friends’ Fund-Raising Events. You may terminate your registration at any time, by emailing us at: friends@tetburyhospital.co.uk