

Gift Aid declaration

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Please treat

- The enclosed gift of £_____ as a Gift Aid donation; **OR**
- All gifts of money that I make today and in the future as Gift Aid donations; **OR**
- All gifts of money that I have made in the past 4 years and all future gifts of money that I make from the date of this declaration as Gift Aid donations.

Please tick the appropriate box

You must pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April one year to 5 April the next) that is at least equal to the amount of tax that all charities or Community Amateur Sports Clubs (CASCs) that you donate to will reclaim on your gifts for that tax year. Other taxes, such as VAT and Council Tax do not qualify.

Donor's details

Title ____ Initial(s) ____ Surname _____

Home address _____

Postcode _____ Date _____

Email _____

Signature _____

Please notify Medical Justice if you:

- Want to cancel this declaration
- Change your name or home address
- No longer pay sufficient tax on your income and/or capital gains

Tax claimed by Medical Justice

- Medical Justice will reclaim 25p of tax on every £1 you give on or after 6 April 2008.

If you pay Income Tax at the higher rate, you must include all your Gift Aid donations on your Self Assessment tax return if you want to receive the additional tax relief due to you.

Donate by Standing Order

Bankers Order Form:

To: The Manager of: _____ Bank

Address _____

Postcode _____ Bank Sort Code _____

Please Pay **Medical Justice Ltd** (Sort Code: **40-52-40**, Account No: **00021167**) the sum of

£_____ each month/quarter/year until further notice (*please delete as appropriate*)

and debit my account number: _____

commencing on: _____

Name _____

Address _____

Post Code _____

Signature _____

Date _____