

# Retail Gift Aid declaration form



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☺ **Boost your donation by 25p of Gift Aid for every £1 you donate**

Gift Aid is reclaimed by the charity from the tax you pay for the current tax year. Your full first name, surname, address and postcode are needed to identify you as a current UK tax payer.

**In order to Gift Aid your donation you must tick  the box below:**

- I want to Gift Aid my donation and any donations I make in the future or have made in the past four years to Children's Hospice South West. 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 donations in that tax year it is my responsibility to pay any difference.

**By completing this form you are confirming that:**

- You wish Children's Hospice South West to act as your agent in selling the goods you have brought into the shop.
- You are not acting as a business in bringing goods in for sale to any of the shops belonging to Children's Hospice South West.
- Any goods which cannot be sold will be recycled where possible, or disposed of, and cannot be returned.
- We reserve the right to terminate this agreement at any time.
- We will contact you, using the details you provide below, to inform you of the money raised from the sale of your items once a sufficient quantity have been sold. You can then choose to retain or donate those proceeds to Children's Hospice South West.

## Supporter's details

Title:	Full first name:	Surname:
Home address:		Daytime tel no:
		Postcode:
Email:		
Signature:		Date

**Please read all privacy statements to the supporter:**

Children's Hospice South West would like to keep you updated with news about our hospices, fundraising activities and campaigns and other ways you can help make a difference to short and precious lives. Please let us know below how you would like us to contact you. If you change your mind in the future, you can opt out at any time.

**I confirm I am over 18:**  Yes  No

**Please confirm if you are happy for us to contact you by:**

Post:  Yes please  No thank you

Email:  Yes please  No thank you

Telephone:  Yes please  No thank you



We take your privacy seriously. We will store your details securely on our database(s) and we will only use your personal information to provide the services you have requested from us. We will never share your details with third parties for marketing purposes without your prior explicit consent. For more information, please see our Privacy Policy [www.chsw.org.uk/privacy](http://www.chsw.org.uk/privacy) or call 01271 325 270

## For internal use only

Date entered into CRM system:

Supporter/donor ID:

Loyalty card no: