

**Gift Aid Declaration**  
**York Blind and Partially-Sighted Society**

**Your Details**

Mr/Mrs/Ms \_\_\_\_\_  
First Names \_\_\_\_\_  
Surname \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Post Code \_\_\_\_\_

**Please tick as applicable.**

**I am a tax payer.**

Please treat this donation under the Gift Aid Scheme

**I am not a tax payer.**

I wish York Blind and Partially Sighted Society to treat as Gift Aid donations, (ie reclaim tax) all donations I have made since 6th April, 2002, and all donations I may make from the date of this declaration until I notify you otherwise.

I understand that I must pay an amount of income tax or capital gains tax at least equal to the tax the charity reclaims on my donations in the tax year.

Thank you for making this declaration which enables us to substantially increase the value of your gift.

You can cancel this declaration at any time by notifying York Blind and Partially Sighted Society.

Date \_\_\_\_\_ Signed \_\_\_\_\_