

Gift aid declaration

Action on Pre-Eclampsia

*** Don't forget to tick the GIFT AID box below**

Title (Please Circle) Mr / Mrs / Miss / Ms / Other _____

First Name (CAPITALS) _____

Surname (CAPITALS) _____

Address

Postcode

Gift aid declaration

GIFT AID: Please tick here if you would like APEC to reclaim the tax you have paid on this and any future donations you may make *

** 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 that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand that the charity will claim 25p of tax on every £1 I have given. I will notify APEC if my circumstances change.*

Signature **Date**

Please print this form, complete each section and return it to:

Action on Pre-Eclampsia
The Stables
80 B High Street
Evesham
Worcestershire
WR11 4EU

Registered charity 1013557

