## **GIFT AID DECLARATION**

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

## Please return to Lazarus Healing Trust, 12 Reedmace Road, Bicester, Oxon OX26 3WW

I am a UK tax payer and want Lazarus Healing Trust to treat all donations I make from 6 April 2012 until I notify you otherwise, as Gift Aid donations. I 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.

Please complete your details in block CAPITALS, as your address is needed to identify you as a current UK taxpayer.		
Title	First Name(s)	Surname (CAPITALS)
Address (CAPI	TALS)	
		Post Code
Signed		Date
<ol> <li>you change you</li> <li>you no longer pa</li> <li>If you pay Income</li> </ol>	cel this declaration at any time.  Ir name or home address.  ay sufficient tax on your income and/or ca  Tax at the higher or additional rate and wa  Self-Assessment tax return or ask HM Re  Tha	pital gains ant to receive the additional tax relief due to you, you must include all your Gift Aid venue and Customs to adjust your tax code.  Ink you for your support ation makes your donation even more valuable
	ST se return to Lazarus Healing Tru	ANDING ORDER FORM ust, 12 Reedmace Road, Bicester, Oxon OX26 3WW
Name and add	Iress of your branch:	
Sort code:		. Bank account number:
Your name an	d address:	
day of each mo	onth, beginning on 23rd to: Lazarus Healing Trust 87-29	month/quarter until further notice. This amount to be paid on 23rd/ 2018 and continuing until I tell you otherwise
Your signatur	e:	Date: