

GIFT AID FORM

Mary Seacole Memorial Statue Appeal - Registered charity: 1103862

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 the Mary Seacole Memorial Statue Appeal will reclaim on your gifts for that tax year.

DONOR'S DETAILS:

Title: _____

Initial(s): _____ Surname: _____

Home address: _____

Postcode: _____ Date: __ / __ / ____

Signature: _____

Please notify the Mary Seacole Memorial Statue Appeal if you:

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

Tax claimed by the Mary Seacole Memorial Statue Appeal

- The Mary Seacole Memorial Statue Appeal will reclaim 28p of tax on every £1 you gave up to 5 April 2008.
- The Mary Seacole Memorial Statue Appeal will reclaim 25p of tax on every £1 you give on or after 6 April 2008.
- The Government will pay to the Mary Seacole Memorial Statue Appeal an additional 3p on every £1 you give between 6 April 2008 and 5 April 2011. This transitional relief for the Mary Seacole Memorial Statue Appeal does not affect your personal tax position.

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.

BANK STANDING ORDER FORM

To: Your Bank Manager: _____

Your Account No:

Your Sort Code: --

Please pay to: National Westminster Bank plc, Bloomsbury Parr
For the credit of: CAF/Mary Seacole Memorial Statue Appeal
Account No. 36880043
Sort Code: 60-30-06

The sum of: £_____

on the _____ day of _____ month _____ year

and monthly*/quarterly*/annually* until further notice. (please delete where appropriate)

I / We authorise you to debit my/our account with you with the above payment. This instruction cancels all or any previous instructions in favour of Mary Seacole Memorial Statue Appeal.

Name: _____ Signed: _____

Address: _____ Postal Code: _____ Date: __ / __ / ____

None of your personal details will be circulated to any other 3rd party.

Please return this form and any enclosures to: Mary Seacole Memorial Statue Appeal, c/o: Royal College of Nursing, 20 Cavendish Square, London W1G 0RN.
THANK YOU

MSMSA Gift Aid form: APRIL 2010 Registered charity: 1103862 Image courtesy of Fowokan (George Kelly)

MARY
SEACOLE
MEMORIAL
STATUE APPEAL



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