



Do you pay UK income tax

If you do, read on...

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For office use only

The ITP Support Association depends entirely on support from its friends and helpers and, of course, all donations are very gratefully received. This helps us to maintain the service we offer to those with ITP and their families. But those who pay income tax can increase the value of their donations to the ITP Support Association without it costing them one penny more.

By signing a Gift Aid Declaration (even for a one off donation) income tax payers can enable the ITP Support Association as a registered charity to claim back from the Inland Revenue the income tax you have already paid on that donation.

To make a Gift Aid Declaration, please complete the form below and return it to The ITP Support Association.

Gift Aid Declaration

Full name of donor _____

Address _____

Postcode _____

I would like the ITP Support Association to treat the following as Gift Aid Donation(s)

Please delete as appropriate

*the enclosed donation of £ _____

*all donations I make from the date of this declaration unless I notify you otherwise

*the donation of £ _____ which I made on ____/____/____

Signed _____ Date _____

If you would like to make regular donations, please read on....

Do you wish to make regular donations?

If not, please leave this page blank...

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The ITP Support Association is most grateful to its supporters who make regular donations. If you would like to make a donation on a monthly or annual basis by standing order please complete the section below and return to The ITP Support Association.

Standing Order to: *(please complete your bank details)*

Bank name _____

Bank address _____

Postcode _____

Name of account to be debited _____

Please credit **The ITP Support Association** at:

CAF Bank Ltd, 25 Kings Hill Avenue, Kings Hill, West Malling, Kent ME19 4JQ

Account no 00094037 Sort Code: 40-52-40

the sum of £ _____ *(in figures)* _____ pounds *(in words)* on

_____ *(date)* or immediately on receipt of this order (whichever is the later

date) and thereafter monthly/quarterly/annually *(delete as appropriate)* on the same date each

month/ quarter/year *(delete as appropriate)* up to and including _____ *(date)* or until

I give further notice.

Signature: _____