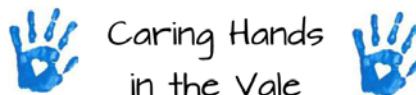


GIFT AID DECLARATION



PLEASE PRINT: Title: _____ Full name: _____

Address: _____

_____ Post Code: _____

Telephone Home: _____ Mobile: _____ Work: _____

I confirm that I am a UK taxpayer. Please treat all donations I have made to Caring Hands in the Vale in the past 6 years, and all donations I will make from the date of this declaration, as GIFT AID donations, until I notify you otherwise.

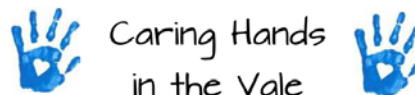
Signed: _____ Date: _____

Gift-Aid is applicable to gift of any size. There is no minimum amount.

- Please notify Caring Hands in the Vale if you change address.
- You can cancel this declaration at any time by notifying Caring Hands in the Vale.
- You must be paying UK income tax and/or capital gains tax equal to or greater than the amount of tax Caring Hands in the Vale reclaim on your donations.
- If you stop paying tax, please let Caring Hands in the Vale know in writing.
- If you pay higher rate tax, you must include all your gift aid donations on your self-assessment tax return if you want to receive the additional relief due to you.

I enclose a gift of £ _____ as a Gift Aid donation; OR

I wish to make a regular donation by Standing Order.



STANDING ORDER FORM

PLEASE PRINT: To: (name of your Bank) _____

Bank Branch Address _____

_____ Post Code: _____

Please set up the following monthly standing order:

From: (Your name) _____

Address: _____

_____ Post Code: _____

Branch Sort Code: Account Number:

Amount in words: _____

Start Date: _____ Signed: _____ Date: _____

Pay to: Caring Hands in the Vale, Lloyds Bank TSB plc, 19 High Street, Evesham, WR11 4DQ

Account number: 02189970 Branch Sort Code: 30 - 93 - 11

Caring Hands Reference (office use only): _____ BANK Please quote reference: _____

If you have any queries regarding your donations or Gift Aid then please call the Caring Hands in the Vale on 07721 559387