



GIFT AID DECLARATION

Friends of Bristol Eye Hospital

If you are a UK taxpayer, we can claim **25p on every £1 you donate at no additional cost to you.** Please complete, sign and return this form to the address below.

Please use this form if you have already made a donation or are starting a Bankers Order and have not previously given us a Gift Aid declaration or wish to advise us of a new address. If you are making an initial donation, please use the *Donation Form*, which includes a Gift Aid option.

Surname							
Forename(s)						Title	
Address							
		Postcode					

Having your email or telephone number is helpful to resolve a query or to thank you. If you don't mind us contacting you by email or telephone please add them here.

email			
Home 'phone		Mobile	

I am a UK taxpayer and want Friends of Bristol Eye Hospital to claim Gift Aid on this donation, any donations I have made in the past four years and any I make in the future. I understand that if I pay less Income Tax and/or Capital Gains Tax than the total Gift Aid claimed on all my donations in that tax year I am responsible for paying any difference.	please tick
	<input type="checkbox"/>

Please notify us if you change your name or home address, no longer pay sufficient tax on your income and/or capital gains or want to cancel your Gift Aid declaration.
If you pay Income Tax at the higher or additional rate then to receive additional tax relief due, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HMRC to adjust your tax code.

Signature			Date	
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Data Privacy

Under the General Data Protection Regulation, **Friends of Bristol Eye Hospital** will use your name and address to claim Gift Aid from HMRC or to communicate with you. Unless required by law, they will not be used for any other purposes. We will not share your information with the NHS or Bristol Eye Hospital or any third party (except HMRC) under any other circumstances.

We will not communicate with you without your explicit consent (given on our Donation/Membership Form or other similar means). We will cease communication with you and/or remove your data from our records within one month of receiving a written request from you. You are entitled to ask us at any time what data we hold for you and/or ask us to amend or delete it.

To view our full privacy policy please visit www.fbeh.org.

Please return this form by hand or post to:
Friends of Bristol Eye Hospital
Lower Maudlin Street, Bristol, BS1 2LX

or by email to: treasurer@fbeh.org
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