

Gift Aid Form

Make your gift worth 25% more with Gift Aid

Please tick the box that applies

Please treat as Gift Aid donations all qualifying gifts of money made today, in the past four years and in the future.

I confirm that I am a UK taxpayer and I would like Arni Institute to reclaim the tax on all qualifying donations made today, in the last four years and any future donations until I notify you otherwise. I understand that I must have paid income / capital gains tax that is at least equal to the amount of tax that all the charities and Community Amateur Sports Clubs I donate to will reclaim on my Gift Aid donations in the tax years in which they are received and that council tax and VAT do not count for this purpose.

I do not pay sufficient tax to qualify for Gift Aid

Date of Declaration /..... /.....

I would like to make a donation of £

Payment details

Total amount payable

I enclose a cheque payable to 'ARNI Institute'

Credit card payment: Visa / MasterCard / Amex (please circle)

Card number:

Exp. date: /..... Issue number: or Start date:..... /..... Security number:

Name on card: Date:.....

giftaid it

Your details

Title..... FirstName..... LastName.....

Address.....

..... Postcode.....

Email.....

Please return all completed forms to:

ARNI Stroke Rehab. Charity, PO Box 68, Lingfield, Surrey RH7 6QQ

or call **0203 053 0111** email **support@arni.uk.com**