



POSTAL DONATION FORM

YOUR DETAILS:

DATE : / /

TITLE (MR, MRS, MISS, MS, DR): FIRST NAME :

SURNAME:

ADDRESS:

POSTCODE: E-MAIL:

TEL No :



THIS INFORMATION WILL ONLY BE USED TO PROCESS YOUR DONATION.

PAYMENT METHOD: (Please tick as appropriate)

CHEQUE / POSTAL ORDER / CAF VOUCHER MADE PAYABLE TO CHAS

CREDIT / DEBIT CARD: VISA DEBIT / DELTA AMEX VISA

SWITCH / MAESTRO SOLO

MASTERCARD JCB

CARD NO :

START DATE (If Present): / ISSUE No : (Switch)

EXPIRY DATE: /

CARD SECURITY CODE (CSC): (LAST 3 DIGITS OF CODE ON SIGNATURE SECTION) :

AMEX CARD CODE (CSC) (4 DIGIT NUMBER ON FRONT OF CARD—RIGHT HAND SIDE) :

AMOUNT: £



Children's Hospice Association Scotland
Sharing the Caring

Please tell us the reason for your donation:

PLEASE RETURN FORM TO:

**Finance Officer
Children's Hospice Association Scotland
Canal Court
42 Craiglockhart Avenue
Edinburgh
EH14 1LT**

We'd like to keep you up to date with our work! However, if you would prefer not to be mailed, please tick the relevant box(es).

CHAS

CHAS Trading (our Christmas cards and gifts)

Offers of products or services for the benefit of CHAS.

THANK YOU!!!



Children's Hospice Association Scotland
Sharing the Caring

GIFT AID DECLARATION

| |
|--------|
| CB NO. |
| GAD |
| RE |

Name of Charity: CHILDRENS HOSPICE ASSOCIATION SCOTLAND (CHAS)

(A Recognised Scottish Charity – No. SC 019724)

Please help us claim an extra 28% of the value of your donation from the government, at no cost to you, by filling in the details below. Thank You!

Donor Details (please complete in capital letters) **Donation Amount** £

Title: Forename(s): Surname:

Home Address:

.....

..... Post Code:

I request the charity to treat all donations I have made for the six years prior to this year, (but no earlier than 6 April 2000) and all donations I make from the date of this declaration, until I notify you otherwise, as Gift Aid donations

Signature: Date:

£

For joint donations, the Inland Revenue require the names and signatures of both donors and to state how much of the donation is attributable to each

Signature: Date:

£

Joint Donor Title Forename(s) Surname

Notes

1. You must pay an amount of income tax and/or capital gains tax at least equal to the tax CHAS reclaims on your donations in the tax year (currently 28p for each £1 you give), remembering to notify CHAS if you no longer pay sufficient tax
2. You can cancel the declaration at any time by notifying CHAS in writing
3. Please notify CHAS of any change in name or address while the declaration is still in force
4. If you pay tax at the higher rate you can claim further relief in your self assessment tax return
5. If you are unsure whether your donations qualify for Gift Aid relief, please contact the CHAS Finance Officer on 0131 444 1900