



**Cornwall Hospice Care**  
*Caring for our community*  
 Mount Edgumbe Hospice      St. Julia's Hospice  
 Registered Charity No. 1113140

# Gift Aid Declaration Form

*giftaid it*

I would like Cornwall Hospice Care to reclaim the tax on my donation(s) and confirm that I have paid at least 25p UK income tax or capital gains tax for each £1 I have donated. Cornwall Hospice Care will receive 25p for each £1 donated under Gift Aid.

This means for instance that every £10 raised becomes £12.50 – at no extra cost to you! Just think what a difference that can make.

**By completing this form you are confirming that:**

- You wish Cornwall Hospice Care to claim tax on all donations you make in the future or have made in the past 4 years.
- You are a UK taxpayer and understand that if you pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all your donations in that tax year it is your responsibility to pay any difference.
- You wish Cornwall Hospice Care Ltd. to act as your agent in selling the goods you have brought into the shop, at a rate of 1% commission + VAT
- The goods which you are offering to Cornwall Hospice Care Ltd are your own to give and do not belong to another household.
- You are not acting as a business in bringing your goods in for sale to any shops belonging to Cornwall Hospice Care.
- Any goods which cannot be sold will be recycled and cannot be returned to the donor. We reserve the right to terminate this agreement at any time.
- You confirm that you are at least 18 years old and understand that this agency agreement is a legally binding contract.
- You will notify Cornwall Hospice Care of any change to your personal circumstances, such as name and address, or that you no longer pay UK Income or Capital Gains tax or you wish to cancel the declaration.

## For completion by donor

Title  First Name  Surname

Email  *(Help us to save postage)*

Home Address

Tel

Date

Postcode

Signature

### Declaration

I agree that Cornwall Hospice Care Ltd will NOT write to me to confirm donations, if the total value of the money raised, after the deduction of Commission and VAT (Net Sales Proceeds) from the sale of my goods in any tax year is equal to or less than £100 and the Net Sales Proceeds will be treated as a donation to Cornwall Hospice Care Ltd.

I understand that Cornwall Hospice Care Ltd will contact me if the Net Sales Proceeds are in excess of £100 to give me the opportunity to donate the proceeds in excess of £100.

I understand that Cornwall Hospice Care Ltd will send me an end of tax year letter, even if monies raised are less than £100, detailing the Net Sales Proceeds and the Gift Aid reclaimed in that tax year.

### Protecting your personal data

Before Cornwall Hospice Care make any Gift Aid claim we will write to you to inform you of the money raised from the sale of your donations once sufficient items have been sold. You can then choose to retain or donate these proceeds to Cornwall Hospice Care. Cornwall Hospice Care values your support and promises to respect your privacy by not disclosing your details to anyone else. Cornwall Hospice Care would like to stay in touch and keep you up to date on the work of our Charity. We would like you to receive promotional material on an occasional basis. This will include keeping you informed of the fundraising events, lottery and retail opportunities we believe may be of interest. You may change the way we contact you at any time (or ask us to cease sending you communications) email [changes@cornwallhospice.co.uk](mailto:changes@cornwallhospice.co.uk) or call 01726 66868 Option (3). For further information about how we implement Data Protection please see the privacy notices on our website [www.cornwallhospicecare.co.uk](http://www.cornwallhospicecare.co.uk) Please tick the boxes below to confirm by which methods you would prefer to be contacted by us:

Email  Mail  Telephone

## For completion by the charity

Form completed by: Print Name & Sign	<input type="text"/>	Form entered by: Print Name & Sign	<input type="text"/>
Date	<input type="text"/>	Date	<input type="text"/>
Shop name	<input type="text"/>	Shop name	<input type="text"/>
Supporter Card No.	<input type="text"/>	Donor ID No.	<input type="text"/>