

NORTH WALES MEDICAL AID TO TAMIL NADU

Registered Charity No: 328152

GIFT AID DECLARATION

Title: _____ Forename(s): _____ Surname: _____

Address:

_____ Postcode _____

Postcode must be entered

I want *North Wales Medical Aid to Tamil Nadu* to treat all donations I have made since 6th April 2000, and all donations I make from the date of this declaration until I notify you otherwise, as Gift Aid donations.

I understand that I must pay an amount of income tax or capital gains tax equal to the tax that you reclaim on my donations.

Date: _____

PLEDGE

I promise to make regular, planned contributions to *North Wales Medical Aid to Tamil Nadu* of £ _____ each week*/month*/quarter*/year* starting on _____ (date).
(* Please delete as required)

Full Name : _____

Address : _____

_____ Postcode _____

I would like to pay the contribution by:-

- ◆ Standing order from my bank **
(Please instruct your bank to make payments to: NWMATN Natwest plc a/c No: 07433115
Sort Code: 53-70-33)
- ◆ By cheque, made payable to *North Wales Medical Aid to Tamil Nadu* **
(** Please delete as required)

Signed : _____

Please return this form to Mr Geoff Simpson, Hon.Treasurer, North Wales Medical Aid to Tamil Nadu, Tyldesley House, Clarence Road, Llandudno LL30 1TW.