## **Gift Aid Declaration**



Name of charity: Holywood Primary School PTA

Plea	ase treat as Gift Aid donations:
	The enclosed gift of £ OR
	All gifts of money that I make today and in the future as Gift Aid donations ${\sf OR}$
	All gifts of money that I have made in the past four years and all future gifts of money that I make from the date of this declaration as Gift Aid donations.
✓	Please tick the appropriate box
Don	or's details
Title:	Initial(s):Surname:
Home	e address:
Posto	code: Date:
Signa	ature:
to 5 /	firm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April April) that is at least equal to the amount of tax that all the charities or Community Amateur Sports s (CASCs), that I donate to, will reclaim on my gifts for that tax year. I understand that other taxes such AT and Council Tax do not qualify. I understand the charity will reclaim 25p of tax on every £1 that I
Pleas	se notify Holywood Primary School PTA if you:
1. 2. 3.	Want to cancel this declaration. Change your name or home address. No longer pay sufficient tax on your income and/or capital gains.
If you pay income tax at the higher rate, you must include all your Gift Aid donations on your Self Assessment tax return if you want to receive the additional tax relief due to you.	
Name of eldest child: P Room	

I HAVE PAID USING THE HPS ONLINE PAYMENT SYSTEM.

( PLEASE TICK ✓ OR X )