

Centenary Champions Appeal

Your details
Title Name
Address
Postcode
Telephone
Email
Yes, I wish to support the work of Dorset Blind Association by donating: £1000 £500 £250 £100
I enclose a cheque payable to Dorset Blind Association Please debit my credit/debit card with the sum stated above. (Or call 01202 712865 to make a card payment by phone)
Card Number
Valid from/ Expiry date/ 3 digit security code
Signature

PLEASE COMPLETE THE GIFT AID FORM OVERLEAF IF YOU CAN

Please send your completed form in a sealed envelope to:

Dorset Blind Association, 17 Bournemouth Road, Poole, Dorset, BH14 0EF

Charity Gift Aid Declaration

Boost your donation by 25p of Gift Aid for every £1 you donate.

Gift Aid is reclaimed by the charity from the tax you pay for the current tax year. Your address is needed to identify you as a current UK taxpayer.

In order to Gift Aid you	r donation you must tick the box below:	
I want to Gift Aid future or have made in	my donation of £ and any donations I may the past 4 years to:	ake in the
Dorset Blind Associa	ation	
Gains Tax in the curre	d understand that if I pay less Income Tax and/or on tax year than the amount of Gift Aid claimed on consibility to pay any difference.	-
My Details:		
Title	First name or initial(s)	
Surname		-
Full Home address		-
	Date	-
Signature:		

Please notify the charity if you:

- 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 or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.