GIFT AID FORM

By filling in this form Richmond Foodbank will receive an extra 25p for every £1 you give at no extra cost to you. Thank you!



| Mr/Mrs/Miss | |
|---|---|
| Name: | |
| Address: | |
| | |
| Post Code: | Phone: |
| Email: | |
| giftaid it | I want to Gift Aid my donation and any donations I make in the future or have made in the past four years. I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference. Date: |
| | h with you so we can update you on our work. e happy to receive communications from us: |
| By post By | y email I do not wish to receive future communications from XXXX Foodbank |
| You can change your preference peter@vineyardcommunity.org | es any time by contacting us on emailing us at |
| Data protection | |
| Protection legislation. Richmond Fowork. To unsubscribe from our newsdata privacy statement for financial | to protecting your privacy and will process your personal data in accordance with current Data odbank collects information to keep in touch with you and supply you with information relating to our sletter, send a message to the email address above with the word unsubscribe in the subject line. A full donors is available from the foodbank on request.' eve chosen to donate to Richmond Foodbank. If you would like to share your motivation let us know |
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