Gift Aid form.

Your name:

Company/school name*:

Address:

Postcode:

*If applicable

1. Fill in your name, your company/school name (if applicable) and your address below
2. Leave this form next to your collection box and ask everyone who wears it pink to add their name, home address, postcode and donation below (we can't claim Gift Aid without these)
3. Ask everyone to tick the Gift Aid box to do extra good with their donations – each tick is worth an extra 25p per £1 donated!

Remember: Gift Aid is only claimable on voluntary donations, so if you're selling cakes or tickets ask for 'suggested donations' instead of a set price.

Full name Title + First name + surname	Home address First line of your home address	Postcode	Date of donation	Gift Aid donation*	Individual donation amount
Mrs Sandy Sample	10 Sample Avenue	BN1 2PL	18/10/19	✓	£ 10.00
					£
					£
					£
					£
					£
					£
					£
					£
					£
					£
					£
					£
					£
					£
					£
					£
					£
					£
					£
					£
					£
				TOTAL	£

* If I have ticked the box headed 'Gift Aid Donation', I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and want Breast Cancer Now to reclaim tax on the donation detailed above, given on the date shown. I understand that if I pay less Income Tax / or Capital Gains tax in the current tax year than the amount of Gift Aid claimed on all of my donations it is my responsibility to pay any difference. I understand the charity will reclaim 25p of tax on every £1 that I have given.

For office use only

For more information visit **wearitpink.org/giftaid** or call **0333 20 70 300**

wear it pink

breast cancer now

Breast Cancer Now is a working name of Breast Cancer Care and Breast Cancer Now, a company limited by guarantee registered in England (9347608) and a charity registered in England and Wales (1160558), Scotland (SC045584) and a business name of the registered charity in the Isle of Man (1200). Registered Office: Fifth Floor, Ibex House, 42-47 Minories, London EC3N 1DY.

Registered with FUNDRAISING REGULATOR

Gift Aid form.

Your name:

Company/school name*:

Address:

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Full name Title + First name + surname	Home address First line of your home address	Postcode	Date of donation	Gift Aid donation*	Individual donation amount
Mrs Sandy Sample	10 Sample Avenue	BN1 2PL	18/10/19	✓	£10.00
					£
					£
					£
					£
					£
					£
					£
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					£
				TOTAL	£

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