

Title	First name	Surname	First line of home address	Postcode	Date paid	Your donation	Gift Aid* (please tick)
Mrs	Sally	Jones	321a x Street	BR1 XXX	17/10/2016	£5	<input type="checkbox"/>
Mr	Tom	Smith	65 x Road	EUZ XXX	20/10/2016	£10	<input type="checkbox"/>
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Please ensure all cheques are made payable to The Sick Children’s Trust.

Please hand this form, along with any donations, to your child’s nursery. Please do not send cash through the post, as we’d hate for your donation to go missing. If you have any questions about your fundraising, please email fundraising@sickchildrenstrust.org or call **020 7283 4854**.



***Your Gift Aid declaration:** By ticking the Gift Aid box, I confirm that I am a UK taxpayer and I would like The Sick Children’s Trust to treat this donation and any donations I make in the future and have made in the past 4 years as Gift Aid donations, until I notify you otherwise.

I 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. I understand that The Sick Children’s Trust will reclaim 25p of tax on every £1 that I give. Gift Aid is reclaimed by The Sick Children’s Trust from the tax I pay for the current tax year. Please let us know if your tax circumstances or name and address details change so we can amend our records.



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we’re here, so you can be there
Registered Charity No. 284416