ovacome..
the ovarian cancer support network

giftaid it

Full Name (please print): _____

Telephone Number _____ Email (please Print clearly):_____ Event:_____

Address: _____ Postcode: _____

Sponsor's Full Name (Please print)	**Home Address**	**Post Code**	**Amount Pledged**	**Amount Paid**	**Date Paid**	**Gift Aid***	**Further Information****
Jane Smith	100 High St.	W1 7NP	£10	£10	01/01/11	☐	☐

Gift Aid Declaration

* We, who have given our names and addresses above and who have ticked the box headed 'Gift Aid' want Ovacome to reclaim tax on the donation detailed above, given on the date shown. We understand that each of us must pay an amount of income tax or capital gains tax equal to the tax reclaimed by the charity.

Further contact from Ovacome

** We, who have ticked the box headed 'Further Information' would be happy to be kept up to date with the work of Ovacome by receiving their newsletters three times a year.

Please photocopy this form if necessary.

..with thanks