

## INTEGRATED HEALTH TRUST DONATION FORM



We really appreciate you making your donation today to support our vital and inspiring work. If you are a UK taxpayer and would like to Gift Aid your donation, please also complete and submit the Gift Aid form, which will enable us to increase your contribution by 28% by reclaiming tax you have already paid.

As a donor, you will receive regular updates on our progress and be invited to help and share your ideas. Please be aware that all correspondence and news will come to you via email to save paper and costs; it is therefore vital that you give us an email address so that we can keep you informed.

Please call us on our Helpline 0845 890 9131 if you have any queries or would prefer to donate direct with one of our team over the phone.

Please fill in this form and post it to: Integrated Health Trust, Apthorp Centre, Weston Road, Bath, BA1 2XT

Name	
Address	
Email	
Telephone	

**DONATIONS TO THE INTEGRATED HEALTH TRUST**

•• I/we would like to donate £ \_\_\_\_\_ to the Integrated Health Trust today

•• I/we enclose a cheque in the sum of £ \_\_\_\_\_

or

•• Please debit my Credit/Debit card for £ \_\_\_\_\_

Type of card

Card Number

Expiry Date   -   Valid from date   -

Issue Number (if applicable)   Last 3 digit security code on reverse of card

*(Please note these card details will be shredded once we have processed your very kind donation)*

**Bank Details (for direct transfers)**

Bank	<b>Triodos Bank</b>	Account Name	<b>Integrated Health Trust Ltd</b>
Account Number	<b>20119437</b>	Sort Code	<b>16-58-10</b>

**INTEGRATED HEALTH TRUST STANDING ORDER FORM**

•• I would like to make an annual donation to the Integrated Health Trust

To: The Manager ..... (Bank)

..... Post Code .....

Please pay: **Integrated Health Trust** at the Triodos Bank, A/c No 20119437, Sort Code 16-58-10

The sum of £ .....on the ..... day of .....(month) ..... (year) and thereafter on the same day each month/year until further notice.

Your name (please print)	
Your Bank Account Number	
Your Bank Sort Code	
Your Signature	
Date	

*This Standing Order may be cancelled at any time by informing your bank*

## INTEGRATED HEALTH TRUST – GIFT AID DECLARATION

Charity Number 1122079

Important Note: If you are a UK taxpayer and you tick the box to Gift Aid your payments, this will enable us to increase your contribution by 28% by reclaiming tax you have already paid. Please call 0845 890 9131 if you have any questions

Title:	Mr/Mrs/Ms/Other	
Forename(s)		
Surname		
Home address:		
Post Code		
<b>Declaration</b>		
<input type="checkbox"/>	I am a UK tax payer	
I want the charity to consider: <i>(tick as appropriate)</i>		
<input type="checkbox"/>	The enclosed donation of £ _____ as a Gift Aid donation	
<input type="checkbox"/>	The donation(s) of £ _____ which I made on ...../...../..... as (a) Gift Aid donation(s)	
<input type="checkbox"/>	All donations that I make from the date of this declaration until I notify you otherwise as Gift Aid donations	
<input type="checkbox"/>	All donations I have made for this tax year and all donations I make from the date of this declaration until I notify you otherwise as Gift Aid donations	
Date:		
I am a UK taxpayer paying an amount of Income Tax and/or Capital Gains Tax at least equal to the tax that the charity reclaims on your donations in the appropriate tax year (currently 28p for each £1 you give)		

### Notes:

1. You can cancel this Declaration at any time by notifying the charity.
2. If in the future your circumstances change and you no longer pay tax on your income and capital gains equal to the tax that the charity reclaims, you can cancel your declaration.
3. If you pay tax at the higher rate you can claim further tax relief in your Self Assessment tax return.
4. If you are unsure whether your donations qualify for Gift Aid tax relief, ask the charity.
5. Please notify the charity if you change your name or address.

Please complete the details above and post to the  
Integrated Health Trust, Apthorp Centre, Weston Road, Bath BA1 2XT