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### GIFT AID DECLARATION

##  Transverse Myelitis Society Charity Registration Number 1108179

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We appreciate your donation. If you are a UK taxpayer, your donation will be worth 25% more if you sign the declaration below. We can then claim back the Gift Aid Tax thereby making your money work harder for us. Thank you.

*I am a UK taxpayer and I am aware that I must pay sufficient tax in this year for the Transverse Myelitis Society to reclaim Gift Aid on this donation.*

Signature ......................….….……........................................ Date ……/……/……..