GIFT AID FORM

By filling in this form Clevedon District Foodbank will receive an extra 25p for every £1 you give at no extra cost to you. Thank you!



Name:	
Address:	
Post Code:	Phone:
Email:	
giftaid it B	oost your donation by 25p of Gift Aid for every £1 you donate. I want to Gift Aid my donation and any donations I make in the future or have made in the past four years. I am a UK taxpayer and 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. Date:
	ch with you so we can update you on our work. be happy to receive communications from us:
By post	By email I do not wish to receive future communications from XXXX Foodba
You can change your preferentinfo@clevedondistrict.foodbar	ces any time by contacting us on 07722769529 or emailing us at nk.org.uk.foodbank.org.uk
Data protection	
Protection legislation. Clevedon D to our work. To unsubscribe from	nmitted to protecting your privacy and will process your personal data in accordance with current Data istrict Foodbank collects information to keep in touch with you and supply you with information relating our newsletter, send a message to the email address above with the word unsubscribe in the subject line
A full data privacy statement for f	inancial donors is available from the foodbank on request.'
We would love to know why you hknow below:	nave chosen to donate to Clevedon District Foodbank. If you would like to share your motivation let us
c: .	
Signature	