

# Feet First Picnic and Ramble

### Donation and Gift Aid form

Please return this form with the Donation Slip attached to the letter in this pack by 30 September 2015 at the latest! Cheques should be made payable to 'The Leprosy Mission'.

#### Section B

#### To be completed by each individual who gives

This enables Gift Aid to be claimed where appropriate, and your donation to be doubled. Please give your full name, home address and postcode. Please use BLOCK CAPITALS.

## Section A To be completed by event organiser

Church details:	
Church name	_
Address	
	Postcode
Leprosy Mission No. (URN)	

Church contact person:	
Name	
Address	
	Postcode
Telephone	
Email	
Leprosy Mission No. (URN)	

Title	First Name	Surname	Home Address and Postcode	Phone number	Gift Amount	Date	Tick for Gift Aid	Office Use
			☐ I would prefer NOT to receive information from The Leprosy Mission ☐ I would prefer my personal details are NOT passed to other charities					
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			☐ I would prefer NOT to receive information from The Leprosy Mission ☐ I would prefer my personal details are NOT passed to other charities				N.	
				Total				\
						J		1







The government will double every donation made to Feet First between 1 June and 31 August 2015.

I have ticked the box headed 'Tick for Gift Aid', I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and want The Leprosy Mission to reclaim tax on the donation detailed below, given on the date shown. I understand that I must pay an amount of Income Tax and/or Capital Gains Tax in the tax year at least equal to the amount of tax that all the charities and or Community Amateur

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Sports Club (CASCs) I donate to, will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand The Leprosy Mission will reclaim 25p of tax on every £1 that I have given.

#### Please photocopy as required

Title	First Name	Surname	Home Address and Postcode	Phone number	Gift Amount	Date	Tick for Gift Aid	Office Use
			☐ I would prefer NOT to receive information from The Leprosy Mission ☐ I would prefer my personal details are NOT passed to other charities					
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			□ I would prefer NOT to receive information from The Leprosy Mission     □ I would prefer my personal details are NOT passed to other charities					
				Total				\
								1







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