GIFT AID FORM

By filling in this form we'll receive an extra 25p for every £1 you give at no extra cost to you. Thank you!



Mr/Mrs/Miss	
Name:	
Address:	
Post Code:	Phone:
Email:	
giftaid it	Boost 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:Signed:
	in touch with you so we can update you on our work. ould be happy to receive communications from us:
By post	By email
	ferences any time by emailing us at: info@northplymouth.foodbank.org.uk
	o: North Plymouth Foodbank, North Plymouth Community Church, Plymbridge Road, Estover, : info@northplymouth.foodbank.org.uk
Data protection	
Protection Act 1998. North	s committed to protecting your privacy and will process your personal data in accordance with the Data Plymouth Foodbank collects information to keep in touch with you and supply you with information relating to Foodbank will never sell or pass your details to anyone who isn't directly working on our behalf.
We would love to know wh know below:	y you have chosen to donate to North Plymouth Foodbank. If you would like to share your motivation let us