

Donation form

Personal details

First Name/Surname

Home address

Postcode

Please feel free to contact me by: Telephone  Email  Post 

I wish to donate to TB Alert by

 Credit/Debit card

I wish to pay by Visa/MasterCard/Amex/Maestro (please delete as appropriate)

I authorise you to debit my credit/debit card with £

Name as it appears on the card

Card Number

Start date Expiry Date

Issue Number (Switch/Maestro only) Security Card Number

 Cheque/Other payment method (CAF/Charity Voucher)

Please make all cheques made payable to TB Alert

Do you require a receipt Yes/No





I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that TB Alert will reclaim on my gifts for that tax year.

I understand the charity will reclaim 28p of tax on every £1 that I gave up to 5 April 2008 and will reclaim 25p of tax on every £1 that I give on or after 6 April 2008.

Date ------------------------------------------------------------------------

Signature ---------------------------------------------------------------

Please notify TB Alert if you:

 Want to cancel this declaration

 Change your name or home address

 No longer pay sufficient tax on your income and/or capital gains.

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self Assessment tax return or ask HM Revenue and Customs to adjust your tax code