



Name: _____

Title	Full Name	Home Address	Postcode	Amount	Gift Aid	Date
Mrs	Ann Example	1 Fundraising Street, Event City	AB1 2CD	£1.00	✓	DD/MM/YYYY
			Total donations received:			

Bliss
for babies born
premature or sick

If I have ticked the box headed 'Gift Aid?', I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and want Bliss to reclaim tax on the donation detailed above, given on the date shown. I understand that if I pay less Income Tax / or Capital Gains tax in the current tax year than the amount of Gift Aid claimed on all of my donations it is my responsibility to pay any difference. I understand the charity will reclaim 25p of tax on every £1 that I have given.

Registered charity no. 1002973
Scottish registered charity SC040878

