

**GIFT AID DECLARATION  
ISLE OF WIGHT SOCIETY FOR THE BLIND**

**Please treat:** (Please tick the appropriate box)

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

The enclosed gift of £ ..... as a Gift Aid donation; **OR**

All gifts of money that I make today and in the future as Gift Aid donations; **OR**

All gifts of money that I have made in the past six years and all future gifts of money that I make from the date of this declaration as Gift Aid donations.

You must pay an amount of income tax and/or capital gains tax in each tax year at least equal to the tax that the IWSB will claim from HM Revenue & Customs on your Gift Aid donation(s).

**Donor's details:** (please print) Title: ..... Initial(s): ..... Surname: .....

Home address: .....

..... Postcode: .....

Signature: ..... Date: .....

**Please notify the IWSB if you:** A) Want to cancel this declaration: B) Change your name or home address: C) No longer pay sufficient tax on your income and/or capital gains

**Tax claimed by the IWSB**

The IWSB will reclaim 28p. of tax on every £1 you gave up to 5<sup>th</sup> April 2008.

The IWSB will reclaim 25p. of tax on every £1 you give on or after 6<sup>th</sup> April 2008.

The government will pay to the IWSB an additional 3p. on every £1 you give between 6<sup>th</sup> April 2008 and 5<sup>th</sup> April 2011. This transitional relief does not affect your personal tax position.

**If you pay income tax at the higher rate**, you must include all Gift Aid donations on your Self Assessment tax return to receive the additional tax relief due to you.

---

**STANDING ORDER FORM**

Name and Address of your Bank/Building Society: .....

.....

Sort Code: ..... Account No.: .....

Please pay 54-10-34 National Westminster Bank PLC, PO Box 25, Newport, Isle of Wight PO30 5WA, for the credit of IWSB Account No. 05019028 the sum of £ ..... on the ..... day of each month/quarter/half-year or year for ..... years or until further notice.

First payment to be made on: .....

Signature: ..... Date: .....

**This Standing Order** (delete as appropriate):

A) Replaces existing order   B) Is a new order   C) Is an addition to my existing order