

Charity No. 1115655

Lifelites Giftaid Declaration Form

giftaid it

I would like to make a donation to Lifelites using *Giftaid*.

I would like my donation to benefit
(name of children's hospice) _____

First name _____

Surname _____

Address _____

Post Code _____

I wish all donations I have made and will make in the future to Lifelites to be Gift Aid until notify you otherwise

Signed _____

Date _____

Please tick the appropriate box(es) below:

- I wish to commit to making a regular monthly donation of £ -----
to Lifelites for the next three years
- I wish to make a one-off donation of £ ----- to Lifelites
- I do not wish to be added to the database or to receive updates from Lifelites

N.B To qualify for Gift Aid, what you pay in income tax or capital gains tax must at least equal the amount the charity will claim in the tax year (currently that means 28% of the gross equivalent of every £1 you donate).

Please send this form along with your donation to:

Simone Enefer-Doy

Chief Executive

Lifelites

26 Great Queen Street

London WC2B 5BL