

**GIFT AID FORM FOR
THE NORWICH AND NORFOLK DIABETES TRUST**

Registered charity no. 1002111

Please use block capitals

I (please enter name in full)
Of (please enter full address)
.....
..... Post code

Hereby declare that I wish The Norwich and Norfolk Diabetes Trust to treat the enclosed donation of £...../all donations I have made since 6 April 2003/all donations I make from the date of this declaration until I notify the Trust otherwise as Gift Aid donations.

Signed.....

Date.....

Contact tel no.....

E-mail address.....

NOTES

You can cancel this declaration at any time by notifying the charity.

In order for the charity to benefit from the Gift Aid scheme, you must pay an amount of income tax and/or capital gains tax at least equal to the tax the charity reclaims on your donations in the current tax year.

If in the future your circumstances change and you no longer pay tax on your income and capital gains equal to the tax the charity reclaims, you can cancel or alter your donation.

If you pay tax at the higher rate, you can claim further tax relief in your self-assessment tax return.

If you are unsure whether your donations qualify for Gift Aid tax relief, please apply to your local tax office for leaflet IR113 (Gift Aid).

Please notify the Norwich and Norfolk Diabetes Trust if you change your name or address.

**This form should be returned to:
The Norwich and Norfolk Diabetes Trust,
Penny Dennis, Elsie Bertram Diabetes Centre, Level 3 East Wing
Norfolk and Norwich University Hospital NHS Trust,
Colney Lane, Norwich NR4 7UY.**