## GIFT AID FORM

By filling in this form Shepway Foodbank will receive an extra 25p for every £1 you give at no extra cost to you. Thank you!





| Mr/Mrs/Miss  |  |
|--|--|
| Name:  |  |
| Address:   |  |
| Post Code:   | Phone:   |
| Email:   |  |
| giftaid  | Boost your donation by 25p of Gift Aid for every £1 you donate.  I want to Gift Aid my donation and any donations I make in the future or have made in the past four years.  I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.  Date:                 |
|  | ep in touch with you so we can update you on our work. u would be happy to receive communications from us:  By email  I do not wish to receive future communications from Shepway  |
| You can change your enquiries@rainbow-c            | Foodbank  preferences any time by contacting us on 01303 850733 or emailing us at centre.org   |
| Data protection                                    |  |
| legislation. Shepway Fo<br>unsubscribe from our ne | ommitted to protecting your privacy and will process your personal data in accordance with current Data Protectio<br>odbank collects information to keep in touch with you and supply you with information relating to our work. To<br>ewsletter, send a message to the email address above with the word unsubscribe in the subject line. A full data<br>nancial donors is available from the foodbank on request.' |
| We would love to know below:                       | why you have chosen to donate to Shepway Foodbank. If you would like to share your motivation let us know  |
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