GIFT AID FORM

By filling in this form Craigavon Area 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 it	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:
	n touch with you so we can update you on our work. ould be happy to receive communications from us:
By post	By email I do not wish to receive future communications from Craigavon Are Foodbank
You can change your pre	ferences any time by emailing us at contact@craigavonfoodbank.org.uk
Data protection	
Protection legislation. Craigour work. To unsubscribe fro	s committed to protecting your privacy and will process your personal data in accordance with current Data avon Area Foodbank collects information to keep in touch with you and supply you with information relating to om our newsletter, send a message to the email address above with the word unsubscribe in the subject line. A for financial donors is available from the foodbank on request.'
	y you have chosen to donate to Craigavon Area Foodbank. If you would like to share your motivation let us