

Gift Aid Declaration

NB: In order for us to reclaim tax you must pay an amount of income tax and/or capital gains tax at least equal to the tax that the charity reclaims on your donation in the tax year. Higher rate tax payers can claim further tax relief in their self assessment tax return.

Please complete in BLOCK CAPITALS

Charity Name:	The Legal Assistance Trust PO Box 721, East Grinstead West Sussex RH19 4AQ Registered Charity No: 292144	CAF Unique Reference No: (to be completed by Charities Aid Foundation)
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Details of donor:	
Title Forename(s) Surname	
Address	
..... Postcode	
I would like The Legal Assistance Trust to treat as a Gift Aid donation:-	
<ul style="list-style-type: none">• The enclosed donation of £• The donation(s) of £ which I made on / /• All donations I make from the date of this declaration until I notify you otherwise*• All donations I have made since 6th April, 2000, and all donations I make from the date of this declaration until I notify you otherwise	
* <i>If you wish to set up a standing order with your bank, please complete the form below</i>	
<ul style="list-style-type: none">• <i>delete as appropriate</i>	
Signature Date	

Please return to the Legal Assistance Trust at the above address.

If your declaration covers donations you may make in the future – please notify the Legal Assistance Trust or CAF if:-

- You change your name or address while the declaration is still in force.
- Your circumstances change ie you no longer pay tax on your income or capital gains tax equal to the tax that the charity reclaims.

You can cancel your declaration at any time by notifying the Legal Assistance Trust or CAF. It will then not apply to donations you make on or after the date of cancellation or such later date as you specify.

Banker's Order Form	
Title Forename(s) Surname	
Address	
..... Postcode	
Please pay Legal Assistance Trust £.....each month/year starting on theday of 20..... and the same sum on the same day monthly/annually until I give notice in writing and debit my account numberAND quoting with each payment the reference :	

(to be completed by CAF)	
Signature	

To: Manager (Bank name and address)	
.....	
Sort Code: - -	Please pay to: National Westminster Bank, 126 High Holborn, London WC1 Code 60 30 06 Bloomsbury (Parr's Branch) A/C 36880043 D A/C CAF/LAT