GIFT AID DECLARATION Ref. No	
Please treat as Gift Aid donations all qualifying gifts of money made: Today In the past four years In the future (Please tick all boxes you wish to apply)	
For a SINGLE DONATION Please find enclosed a one-off gift of	For REGULAR DONATIONS by Standing Order please complete the Banker's Standing Order below.
(Cheques made payable to 'Brighton Light Trust')	
I confirm that I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities or Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 25p of tax on every £1 that I have given on or after 6 April 2010.	Donor's details (please complete in BLOCK CAPITALS) All items marked with a (*) are required in order to reclaim the tax on your donation.
	Title:First name/Initial(s):* Surname:* Address:*
Signature:	Postcode:*
Date:	Email address:
Please let the Brighton Light Trust know if you: Want to cancel this declaration at any time Change your name or address No longer pay sufficient tax on your income and/ or capital gains Privacy - This information is collected purely for the use of the Brighton Light trust so that we can contact you and reclaim Gift Aid on all applicable donations made. It will be kept securely on our database. If at any time you want us to stop contacting you or be removed from that database ,please let us know. Contact us by calling us on 01273 732111 or writing to us at The Brighton light Trust ,65 Holland Road, Hove ,BN3 1JN.	
BANKER'S STANDING ORDER If you wish to give regularly by Standing Order through your bank, please complete this form and return it to the Treasurer, Brighton Light Trust, 71 Holland Road, Hove, East Sussex, BN3 1JN	
Your Bank Details (Name and address) Please pay to: For the credit of:	
To the Manager Bank F	Acct Number: 00031905 Sort Code 40-52-40
The Sum of £ (in wordspounds)	
On theday of20 and on the same day monthly/bi-monthly/quarterly/yearly (please delete as applicable) thereafter until further notice.	
Account to be debited:	
Account Name/Title: Signed:	
Account Number: Date:	