## GIFT AID FORM



By filling in this form Ivybridge 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 B  | oost 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: |
| Please tick here if you would   | ch with you so we can update you on our work. be happy to receive communications from us:  I do not wish to receive future communications from Ivybridge Foodbank   |
| You can change your preference info@ivybridge.foodbank.org.           | ces any time by contacting us on 077056 457336 or emailing us at  |
| Data protection   |   |
| Protection legislation. Ivybridge Fowork. To unsubscribe from our new | to protecting your privacy and will process your personal data in accordance with current Data bodbank collects information to keep in touch with you and supply you with information relating to our wsletter, send a message to the email address above with the word unsubscribe in the subject line. A full ial donors is available from the foodbank on request.'                              |
| We would love to know why you helow:                                  | nave chosen to donate to Ivybridge Foodbank. If you would like to share your motivation let us know   |
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