



Gift Aid Form

Gift Aid

I would like Restored: Eating Disorders Services to reclaim the tax from Inland Revenue on:
(Please tick one)

- This donation only**
- All donations I make for the work of Restored**
- All donations I have made in the past 4 years**

I confirm 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 such taxes such as VAT and Council Tax do not qualify. I understand that the charity will reclaim 25p of tax on every £1 that I give on or after 6th April 2008. I am under no obligation to make any further donations, and can cancel this donation at any time.

Signature of the tax payer

.....Date

Reference number (for office use only).....