GIFT AID FORM



By filling in this form Foyle 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 Foyle Foodbank
You can change your prefe info@foyle.foodbank.org.	erences any time by contacting us on 02871263699 or emailing us at uk
Protection legislation. Foy relating to our work. To u	ted to protecting your privacy and will process your personal data in accordance with current Data le Foodbank collects information to keep in touch with you and supply you with information nsubscribe from our newsletter, send a message to the email address above with the word line. A full data privacy statement for financial donors is available from the foodbank on request.
We would love to know why you have chosen to donate to Foyle Foodbank. If you would like to share your motivation let us know below:	