

Event Name: _____ Event Date: ____/____/____

Name: _____ Address: _____

Telephone: _____ Email: _____

FULL NAME (Please print)	HOME ADDRESS - THIS IS ESSENTIAL FOR GIFT AID (Please print), <i>Don't give your work address.</i>	POSTCODE	DONATION AMOUNT (£)	DATE PAID	GIFT AID* (Please tick) <input type="checkbox"/>

giftaid it

*By ticking the box, you have confirmed that you are a UK Income or Capital Gains taxpayer and that you want Dorset Mind to reclaim tax on your donation detailed, given on the date shown. You understand that if you pay less Income Tax / or Capital Gains tax in the current tax year than the amount of Gift Aid claimed on all of your donations it is your responsibility to pay any difference. You understand Dorset Mind will reclaim 25p of tax on every £1 that I have given.

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