

**GIFT AID DECLARATION**

Full Name .....

My Address .....

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I want Brighton & Sussex Medico-Chirurgical Society to treat all donations made since 6 April 2001  
as Gift Aid donations on which I want the charity to reclaim tax on my donations.

*I know I must pay an amount of income/capital gains tax at least equal to the tax the charity reclaims on my donations in the tax year.*

Signed .....

Date .....