## GIFT AID FORM

By filling in this form St Austell 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   | ost 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 Cift 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 be                               | with you so we can update you on our work. happy to receive communications from us:  email  I do not wish to receive future communications from St Austell Foodbank  |
| You can change your preferences info@staustell.foodbank.org.uk | any time by contacting us on 01726 65313 or emailing us at   |
| Data protection  |  |
| legislation. St Austell Foodbank collec                        | protecting your privacy and will process your personal data in accordance with current Data Protection<br>cts information to keep in touch with you and supply you with information relating to our work. To<br>email address above with the word unsubscribe in the subject line. A full data privacy statement for<br>foodbank on request.   |
| We would love to know why you have below:                      | e chosen to donate to St Austell Foodbank. If you would like to share your motivation let us know  |
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