

- I would like to donate **£5 per month**
- I would like to donate £  per month

Title:  Forename:  Surname:

Postal Address:

Town/City:  Postcode:

Tel:  Mobile:

E-mail Address:

*giftaid it* I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and want NGM to reclaim tax on this and future donations until I notify you otherwise. I understand that I must pay an amount of Income Tax and/ or Capital Gains Tax in the tax year at least equal to the amount of tax that all the charities and CASCs I donate to, will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 25p of tax on every £1 that I have given.

Signature:  Date:



**1** Please pay until further notice £  monthly starting on

↳ Amount in words:

**Your Bank Account Details**

Name(s) of AccHolder(s):

Bank Acc Number:  Sort Code:  -  -

**Name and full postal address of your Bank or Building Society**

To: The Manager Bank/Building Society

Postcode:

Signature:  Date:

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