GIFT AID FORM

By filling in this form, Bodmin, Camelford, Padstow & Wadebridge Foodbank will receive an extra 25p for every £1 you give at no extra cost to you. Thank you!



Name:		
Address:		
Post Code:	Phone:	
Email:		
C Boo	ost your donation by 25p of Gift Aid	for every £1 you donate.
giftaid it	I want to Gift Aid my donation and any d	onations 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
		on all my donations in that tax year it is my
	responsibility to pay any unreferree.	
ount donated:	Date:	Signature:
he item(s) donated are sold in excess	of £100, please tick to confirm you wish to don	ate all the money raised to our charity.
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We would love to keep in touch	with you so we can update you on our v	VOIK.
	happy to receive communications from	
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