CAAF AMERICAN DONOR FUND

Gift Aid Declaration

If you have any questions when completing this form, please contact a CADF relationship manager on 03000 123 150.

Please complete this Declaration to authorise CAF American Donor Fund to recover applicable Gift Aid.

Please note if you pay tax at the higher rate you can claim further tax relief in your self assessment tax return.

You do not need to complete a Gift Aid Declaration on each occasion that you make a gift to CAF American Donor Fund. You only need to make this declaration once (when you make your first gift to CAF American Donor Fund) but you must replace it if you change your name (for example by marriage) or your UK tax address.

Please note that you do not have to complete this declaration, as it is voluntary.

Charitable giving declaration

[ ] Mr [ ] Mrs [ ] Miss [ ] Ms [ ] Other ________________________________

Full forename(s) ___________________________________________________

Surname __________________________________________________________

Address for UK tax purposes ____________________________

State/county ______________________________________________________

Country _________________________________________________________

Postcode/zipcode ________________________________

This declaration confirms my wish to make donations to CAF American Donor Fund under the Gift Aid Scheme. I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all charities or Community Amateur Sports Clubs (CASCs) that 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 paid on every £1 that I give from today onwards.

[ ] I confirm that I will advise CAF American Donor Fund if this situation changes.

[ ] Please treat all gifts of money made from me as Gift Aid donations today and in the future.

Signature ________________________________ Date d d / m m / y y y y

Next steps

Please forward the completed form to: The Manager, CAF American Donor Fund, 25 Kings Hill Avenue, Kings Hill, West Malling, Kent, ME19 4TA