

Gift Aid Declaration

Barnet, Enfield & Haringey Mental Health NHS Trust Charity Details of Donor

Title: Mrs / Ms/ Miss / Mr /other	
Forename(s):	
Surname:	
Home Address:	
Post Code:	

By signing this declaration you are confirming;

- ✓ I am a UK taxpayer and have paid income tax and/or capital gains tax at least equal to the tax reclaimed on the donation.

- ✓ wish Barnet, Enfield & Haringey Mental Health NHS Trust Charity to treat all of my donations under Gift Aid until I notify you otherwise.

Signature

Date

Please return the completed form along with your generous donation to:
Charitable Funds
Finance Department
Barnet, Enfield and Haringey Mental Health Trust
Administration Block
St Ann's Hospital
St Ann's Road
London N15 3TH