

Gift Aid Declaration



Full Name of Taxpayer: Mr/Mrs/Miss/Ms _____

(including ALL Christian Names, but *not* both Mr & Mrs)

A d d r e s s :

_____ **Postcode:** _____

I want Frontiers Ireland to treat my donation of £ _____ and all donations that I have made for the six years prior to this financial year and all donations I make in the future until I notify you that I am no longer paying tax.

Please Note: You must pay an amount of Income Tax or Capital Gains Tax equal to the tax we reclaim on your donations.

Signed: _____ **Date:** _____

Frontiers Ireland: 12 Elmwood Avenue, Belfast BT9 6AY (028) 9068 1656