giftaid it

Hertfordshire Hearing Advisory Service

First Name: .....

Surname: .....

Address: .....

.....

.....

.....

Postcode: .....

HHAS may wish to send you information from time to time. Please tick if you prefer not to be on our mailing list ❑

Have you ticked a box and signed the declaration on the opposite page?

Volunteer Support Service
Mobile Advisory Service
Technical Advisory Service

The ***Hertfordshire Hearing Advisory Service*** is an independent charity, which with the support of the local hospitals, social services and generous donors and sponsors offers practical help and advice to people experiencing hearing difficulties

Thank you!!

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Hertfordshire Hearing Advisory Service

The Woodside Centre, FREEPOST ANG 9885
Welwyn Garden City, Hertfordshire
AL7 4BR

If you would like your donation to go further, ***Gift Aid*** it. Just complete this form and send it back to us.

Please tick one of the boxes below:

- ❑ I would like all donations I make from the date of this declaration to be ***Gift Aid*** until I notify you otherwise.
- ❑ I would like all donations I have made to the Hertfordshire Hearing Advisory Service since 6 April 2000 and all donations in the future to be ***Gift Aid*** until I notify you otherwise.
- ❑ I would like the enclosed donation of £ _____ to be ***Gift Aid***.
- ❑ I would like the donation(s) of £ _____ which I made on _____ to be ***Gift Aid***.

To qualify for ***Gift Aid*** the amount you pay in income tax or capital gains tax must at least equal the amount we claim in the tax year. Please tick the box below to confirm that your donation is from taxed income.

- ❑ I confirm that I have paid tax on my donation(s).

Signature: .....

Date: .....

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