Donation Form

**Your Details**

|  |  |
| --- | --- |
| **Full Name:** | **Email:** |
| **Telephone:** | **Home Address:** |

**Donation Details
I wish to make a donation to the Psoriasis Association:**

🞎 I enclose a cheque payable to the Psoriasis Association, for the amount of £

🞎 Please charge my credit/debit card the amount of £ using the details below:

|  |  |
| --- | --- |
| **Cardholder’s Name:** | **Card Number:** |
| **Start Date:** | **Expiry Date:** |
| **Security Digits** **(on back of card):** | **Issue (if applicable):** |

**Gift Aid**

Using Gift Aid means that for every pound you give, the Psoriasis Association will receive an extra 25 pence from the Inland Revenue. This means that a £10 Gift Aid donation is worth £12.50 to the Psoriasis Association – imagine what a difference that could make to us, and **it**

**doesn't cost you a thing!**

For your donations to be eligible for Gift Aid, you must pay income tax or capital gains tax that is at least equal to the tax that the Psoriasis Association and all other charities/CASC will reclaim on your donations, in any tax year (06 April – 05 April)

🞎 I wish all donations I make to the Psoriasis Association from this date to be gift aid donations.

I am a UK taxpayer and understand that if I pay less tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

 **Signature: Date:**