

*giftaid it*  
in aid of  
ORCHID

**Details of Donor**

Title: ..... Forename(s): ..... Surname: .....

Address: .....

.....

..... Post Code: .....

**I want the charity to treat**

The enclosed donation of £ .....

All donations I make from date of this declaration until I notify you otherwise

All donations I have made since 6 April 2000, and all donations I make from the date of this declaration until I notify you otherwise

**As Gift Aid donations (please tick appropriate box)**

**This declaration is made on the understanding that I pay an amount of income tax or capital gains tax equal to the tax reclaimed by Orchid.**

Signature(s): ..... Date: ...../..... 20.....

**Please complete and return this form to:  
ORCHID, St Bartholomew's Hospital, London EC1A 7BE**

***“Thank you very much for your kind generosity”***

Registered Charity No. 1080540 Company Registered in England No. 3963360

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