

FRIENDS OF MASASI CHARITABLE TRUST
GIFT AID DECLARATION

I wish my donation to the Friends of Masasi to be treated as Gift Aid :

Name _____

Address

Amount of donation: _____ **Date of donation:** _____

I know that I must pay an amount of Income / Capital Gains Tax at least equal to the tax The Friends of Masasi will reclaim on my donation.

Signature _____

Date _____