

**WIRRAL POSTGRADUATE MEDICAL CENTRE
CLATTERBRIDGE HOSPITAL, BEBINGTON
WIRRAL CH63 4JY
Tel No: 0151 482 7848
Fax: 0151 334 6379**

Registered Charity Number 526 001

GIFT AID DECLARATION

Title: Initial(s)

Surname:

Address:

.....

Postcode:

Amount I am giving: £20.00

From the date of this declaration, until I notify you otherwise, I want all donations I make to the Wirral Postgraduate Medical Centre (whether single or regular payments) to be treated as Gift Aid donations.

I am a UK taxpayer and have paid sufficient income tax to cover this.

I wish the Wirral Postgraduate Medical Centre to reclaim the tax on any donations I make from 6th April 2000.

Signed Dated

DIRECT DEBIT

Please debit my account in accordance with the following details:

NAME BANK:

ADDRESS ACCOUNT NO:

..... ADDRESS

.....

**TO: MIDLAND BANK
P.O. BOX 7, 52 HAMILTON STREET
BIRKENHEAD, MERSEYSIDE. CH41 5AG**

FOR ACCOUNT OF: WIRRAL POSTGRADUATE MEDICAL CENTRE

CODE/ACCOUNT NO: 40-10-22 60869686

AMOUNT: £20.00

DATE PAYABLE: Annually

FIRST PAYMENT: Now and thereafter on in each succeeding year until further notice.

Signature Date