

DONATION FORM

Linen Hall Library Founders Day Appeal



Name: _____ Membership No: _____

I would like to make a gift of (please tick one):

£1,000 £500 £250 £50 Other Amount: £

Please tick the appropriate box(es):

I enclose a cheque for £ payable to the Linen Hall Library or complete the credit card section below

I **do not** wish my name to be listed in the *Annual Report*

I would like information about leaving a legacy to the Linen Hall Library

I do not wish to Gift Aid / I do not qualify for Gift Aid (please delete as appropriate)

I have signed the Gift Aid declaration below. We would be grateful if you would fill in the form below if you are a UK taxpayer – by just signing your name we can claim back tax at no extra cost to you because we are a registered charity (Charity Number XN 45679)

Gift Aid Declaration

I want the Linen Hall Library to treat all donations I have made for this tax year, the six years prior to the year of this declaration (but no earlier than 6/4/2000) and all donations I make from the date of this declaration until I notify you otherwise as Gift Aid donations.

Name: _____

Home Address: _____

Postcode: _____

You must pay an amount of Income Tax and /or Capital Gains Tax at least equal to the tax that the Linen Hall Library reclaims on your donations in the appropriate tax year (currently 28p for each £1 that you give. You can cancel this Declaration at any time by notifying the Linen Hall Library. If in the future your circumstances change and you no longer pay tax on your income and capital gains tax equal to the tax that the Linen Hall Library reclaims, you can cancel your declaration. If you pay tax at the higher rate, you can claim further tax relief in your Self Assessment tax return). If you are unsure whether your donations qualify for Gift Aid tax relief, do seek guidance from a member of staff. Please notify the Linen Hall Library if you change your name or address.

Signed: _____ Date: ____/____/____

Credit Card Payments

Please debit my Visa / MasterCard / Maestro / Delta Card (please delete as appropriate)

Amount: £ Name on Card: _____

Card Number:

3 DIGIT SECURITY CODE ISSUE NUMBER Valid From: / Expiry Date: /

Signed: _____ Date: ____/____/____