Gift Aid No:\_\_\_\_\_\_\_\_\_\_\_

**SDSG DONOR FORM**

**Boost your donation by 25p of Gift Aid for every £1 you donate**

Gift Aid is reclaimed by Scarborough Disabled Swimming Group

from the tax you pay for the current tax year.

Your address is needed to identify you as a current UK taxpayer.

Thank you for choosing to make a donation to Scarborough Disabled Swimming Group.

Donation Amount: £ \_\_\_\_\_ . \_\_\_\_\_

**Your Details:**

Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First name or initial(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postcode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone (optional) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address (optional) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How are you making your donations?**

|  |  |
| --- | --- |
|  | Regular Standing Order? If so, what date will this start: \_\_\_\_\_\_\_\_\_\_ and what frequency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_? |
|  | During a fortnightly swim session in cash (we can only accept cash if it is under £100.00) |
|  | Bacs payment |
|  | Cheque  |
|  | One off Donation? |
|  | Would you like to remain anonymous? |

**In order to Gift Aid your donation you must tick the box below:**

I want to Gift Aid the donations I make or have made in the past 4 years to Scarborough

Disabled Swimming Group.

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

I consent to Scarborough Disabled Swimming Group to store and process information about me both electronically and in the paper form and I understand I can withdraw consent at any time:

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please notify SDSG if you:**

* want to cancel this Gift Aid declaration
* change your name, home address or telephone number
* no longer pay sufficient tax on your income and/or capital gains

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.

Please return the completed Donor Form to SDSG during a swim session, by email contactus@sdsg.org.uk or by post: 13 Garfield Road, Scarborough, YO12 7LJ.

**Using your personal information**

*We will process your personal information in accordance with the General Data Protection Regulation (GDPR) and the Data Protection Act 2018.  We may use your personal information in a number of ways, but only for the purposes for which it was given, for example to provide you with the information or the services requested. For further information on how we collect, use, share, secure and retain your personal information, and your legal rights, please see our Privacy Notice or contact SDSG on 01723 363600.*

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