

NORTH DEVON ANIMAL AMBULANCE

THE TREASURER, C/O COLENZO & CO
HUILMARSH, YELLAND QUAY
WEST YELLAND, BARNSTAPLE
NORTH DEVON EX31 3HB

GIFT AID DECLARATION

DETAILS OF DONOR:

Title Forename Surname

Address

.....

Postcode

NAME OF CHARITY: **NORTH DEVON ANIMAL AMBULANCE**

CHARITY NO: **1106314**

I would like the Charity to treat all the donations that I make on or after the

Day Month Year as Gift Aid donations
unless I notify otherwise.

I note that I should notify the Charity if I do not pay an amount of tax that at least equals
the tax deducted from my donations.

Signature: Date:/...../.....