

GIFT AID DECLARATION

Name of Charity:

CARE (CAMBRIDGE ARTHRITIS RESEARCH ENDEAVOUR) 802862

Details of donor

Title..... Forename(s)Surname.....

Address

.....

..... Post Code

I want the charity to treat

- The enclosed donation of £
- The donation(s) of £ which I made on
- All donations I make from the date of this declaration until I notify you otherwise
- All donations I have made since 6 April 2000, and all donations I make from the date of this Declaration until I notify you otherwise

As Gift Aid donations

Signature/Date

Please return this form and donation to:

Mrs Sheila Smith,
Box 194, Unit E6, Addenbrooke's Hospital, Cambridge CB2 2QQ.