



HAMMERSMITH
HOSPITAL
KIDNEY
PATIENTS'
ASSOCIATION

President: Dr Elaine Clutterbuck
MBChB,FRCP, PhD
Chairperson: Mrs. S Maxwell

GIFT AID DECLARATION

I (full name)
of (full address)
.....
.....
Postcode:

donate to Hammersmith Hospital Kidney Patients' Association (HHKPA)
the sum of £ to be treated as Gift Aid.

I confirm that I have paid income tax, capital gains tax or the equivalent
on this sum.

Name:

Signature:..... Date:

Please treat all future donations to the HHKPA after this date as Gift Aid.

HHKPA provides support and information for Hammersmith
Hospital renal patients and their relatives. We also raise
money to improve patient facilities and, where
necessary, purchase medical equipment.

Gift Aid enables us to reclaim the tax on your donation.

Thank you for your support