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Charity, No. 1095001*

GIFT AID DECLARATION

Title: (Dr/Mr/Mrs/Miss/Ms/Other) Surname: _____

First Name(s): _____

Address: _____

Post Code: _____

I want all of my donations, since 6 April 2000 and hereafter, made to AFRINSPIRE to be treated as Gift Aid donations, until I notify you otherwise.

I have paid, or will pay, sufficient Income Tax or Capital Gains Tax to permit AFRINSPIRE to reclaim basic rate income tax on my giving, and I will notify AFRINSPIRE if this ceases to be true.

Signed: _____ Date: _____

Please return this to:

The Treasurer
Afrinspire
22 Melvin Way
Histon
Cambridge
CB4 9HY