



## CANCER LARYNGECTOME E TRUST

PO Box 618, HALIFAX, HX3 8WX

Telephone/Fax 01422 205522

[www.cancerlt.org](http://www.cancerlt.org)

Charity registration number 326653

### RACE NIGHT APPEAL 2016

Please enter me  Horses at £5 each      £

I wish to purchase the Raffle Tickets and enclose £2.50      £   
and the completed stubs

Optional Donation      £   
P.T.O. For important gift aid declaration.

Total      £

**Draw will be held on Saturday 29<sup>th</sup> October 2016**

Names for Horses


Please send me  additional books of 5 raffle tickets to sell to others. I will sell as many of these as possible and return the counterfoils to the address below together with the money raised before 20th October 2016.

Please enter your name and address here.

Name:	
<input type="text"/>	
<input type="text"/>	
Town:	Post code:
County:	Tel. No.

Please make cheques payable to **Cancer Laryngectomee Trust (or CLT)** and return the form to Mrs W Thompson, 10 Meadow Drive, Market Weighton, York, YO43 3QG as soon as possible.

**P.T.O. For important gift aid declaration**

## Important tax changes

Dear Supporter,

As a result of the Budget 2000 Gift Aid was altered to make it possible for us to increase the value of your donation by making a claim to the Inland Revenue for some of the tax you have already paid. It will not cost you any extra money at all but the charity will be able to benefit. If you are a UK taxpayer and if you are willing to complete the Gift Aid Declaration then we can claim from the Inland Revenue an extra 20p for every pound which you donated. If you pay tax at the higher rate then you can claim further tax relief in your Self Assessment tax return. As with all the information which we store the conditions of the Data Protection Act will apply.



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### GIFT AID DECLARATION

Please treat my donation to the Cancer Laryngectomy Trust, and any further donations until further notice, as Gift Aid. I confirm that I pay an amount of income tax or capital gains tax at least equal to the amount that the Cancer Laryngectomy Trust will reclaim on my donations in the tax year.

Signature.....

Print Full Name.....

Date.....