



# Sick Doctors Trust

Confidential advice and help for doctors suffering from addictions; hope and rehabilitation for colleagues and their families and protection for patients.

*giftaid it*

Please treat all donations made by me to Sick Doctors Trust since 6<sup>th</sup> April 2000 and all future donations as Gift Aid until I notify you otherwise.

Title:.....Surname:..... Forename:.....

Address:.....

..... Postcode:.....

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

**Please note that:**

1. This Gift Aid declaration covers any payments that you may make to the Sick Doctors Trust, including single donations, regular payments by Bankers Order and any incomplete Covenants.
2. For your donations to qualify as Gift Aid you must pay an amount of Income Tax and/or Capital Gains Tax at least equal to the amount that the Sick Doctors Trust will reclaim on your donations within a tax year.
3. If you are unsure whether your donations qualify as Gift Aid, please contact the Treasurer of SDT (contact details below) or your local tax office.
4. You can cancel this declaration at any time by advising the SDT Treasurer.
5. Please notify any change of name or address.

**Sick Doctors Trust, Bankers Order Form**

To: The Manager, (Bank).....  
 (Bank address).....  
 .....Post Code.....

A/C No:         Sort Code:   -   -

A/C Name:

Please pay Sick Doctors Trust the sum of £..... annually/monthly\* until further notice/until .../.../....\* This cancels all other Bankers Orders to Sick Doctors Trust.  
 Delete as appropriate\*

A/C No: 0 0 8 4 1 5 7 1 Sort Code: 1 2 - 0 5 - 7 7

A/C Name: Sick Doctors Trust

Please quote reference.....(to be completed by SDT)

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

Telephone No:.....Home/Work\*

Email.....

Please complete and return this form with any immediate donation to the Treasurer:  
**Paul Foss, 46 Badminton Gardens, Bristol, BS16 6FG**  
**Email: treasurer@sick-doctors-trust.co.uk**