Full Name .....

Name of Event .....

Date of Event ..... / ..... / .....

Total Raised £ .....

CSTT

CHARTERED SURVEYORS TRAINING TRUST

Full Name	Address	Postcode	Amount Pledged	Amount Collected	Date Given DD/MM/YY	giftaid it Please Tick

We who have given our names, addresses and ticked the box entitled 'Gift Aid' want the charity to reclaim tax on the donations detailed below, given on the date shown. We understand that each of us must pay Income Tax or Capital Gains Tax equal to the tax reclaimed by the charity on the donation.