**LANCASHIRE FEDERATION OF WOMENS INSTITUTES**

**Gift Aid Claim - Amendment Form for 2019**

WI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secretary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

please delete the following member (s) from our previous Gift Aid schedule.

* no longer paying tax
* no longer a WI member
* has left this WI to join a different WI
* the member has died
* a change of address/change of name
* has moved to a different federation

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

New declaration forms are enclosed for new members

Return this form with copies of new declarations to :-

LFWI, Office 8, Croston House, Lancashire Business Park, Centurion Way, Leyland, PR26 6TU by **AS SOON AS POSSIBLE**

**BY PROVIDING THIS INFORMATION YOU ARE GIVING PERMISSION FOR YOUR PERSONAL DETAILS TO BE USED FOR WI/FEDERATION PURPOSES**