

ARCHDIOCESE OF BIRMINGHAM
Registered Charity no. 234216

Parish to complete

Parish Name.....

Parish No.....

GIFT AID DECLARATION
WRITTEN

I Full name in CAPITALS
including title
(Mr/Mrs/Miss/Other)

OF Full Home address in
CAPITALS
including post code

want the ARCHDIOCESE OF BIRMINGHAM to treat all donations made by me

since

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as Gift Aid donations .

I understand that claims can only be made
for 4 years prior to the date signed.

I confirm I have paid or will pay an amount of Income Tax and /or Capital Gains tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities or Community Amateur Sports Clubs (CASCs) I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the Charity will reclaim 25p on every £1 that I give on or after 6 April 2008.

Signature of Donor

Date of Declaration

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Donors are entitled to cancel a Gift Aid declaration at any time. Cancellation should be notified in writing to the Archdiocese or to the donor's parish. Data Protection Act 1998. The Diocese will use the information supplied by you to reclaim tax from HMRC. Apart from this it will only be used internally.

For Office use
GAD REFERENCE NO.

When completed please return WHOLE form to your Parish Organiser

St John Fisher & St Thomas More
171 The Hill
Burford
OX18 4RE

Enter amount you wish
to give →

Your signature and date
of your signature →

Name and Address of
your bank →

Bank Account Name →

Bank Account Number
and Sort Code

PLEASE COMPLETE →
“SHADED” BOXES
(STANDING ORDER
IS OPTIONAL)

PLEASE ASK PARISH
ORGANISER FOR
NUMBERED ENVELOPES
IF YOU DO NOT WISH
TO PAY BY STANDING
ORDER

BANKER'S STANDING ORDER MANDATE
ARCHDIOCESE OF BIRMINGHAM

Registered Charity no. 234216

This instruction cancels any previous order made in favour of the beneficiary named below
Make the payments detailed below and debit my/our account

Donor to complete

The Sum of £.....

Commencing on..... day of..... 20.....
WEEKLY / MONTHLY / QUARTERLY / ANNUALLY and thereafter until
further notice. (Please circle your choice of payment)

Signed.....Dated.....

Name of Bank:

Address of Bank:

Your Bank Account Name:

Account No.

Sort Code

Reference (Donor name)

Parish Organiser to complete

Name of recipient Bank:.....

Address of Bank:

Account Title:

Parish of

Account No.

Sort Code