

Gift Aid Declaration: St Michael le Belfrey PCC

Boost your donation by 25p of Gift Aid for every £1 you donate

Gift Aid will be reclaimed by the charity from the tax you pay for the current tax year. Your address is needed to identify you as a current UK tax payer.

In order to Gift Aid your donation you must tick the box below:

I want to Gift Aid my donation of £ _____ and any donations I make in the future or have made in the past 4 years to St Michael le Belfrey PCC

I am a UK tax payer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

My details

Title _____ First name or initial(s) _____

Surname _____

Full home address _____

Postcode _____ Date _____

Please notify the charity if you:

- want to cancel this declaration
- change your name or home address
- no longer pay sufficient tax on your income and/or capital gains

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.

St Michael le Belfrey Parochial Church Council, The Parish Centre, 11/12 Minster Yard,
York YO1 7HH
Tel: 01904 624190, Fax: 01904 622290, Email: finance@belfrey.org

Registered Charity Number: 1130866



STANDING ORDER FORM—PLEASE FILL OUT IN BLOCK CAPITALS

Please return this form to FINANCE at THE PARISH CENTRE, 11/12 MINSTER YARD, YORK, YO1 7HH - **DO NOT SEND THIS FORM TO ANY BANK*** - Thanks.

Name of Your Bank:	Bank PLC
Address of Bank:	

Name of Your Account:
Account No:
Sort Code:

Please pay the amount below from my account to:

ROYAL BANK OF SCOTLAND
6 Nessgate, York YO1 1FY

Sort Code **16 34 80**

A/C No: **12552005**

Payee: **ST MICHAEL LE BELFREY PCC**

Amount: £ _____ (figures)

£ _____ (words)

Frequency:

Please pay this amount on a monthly / quarterly / annual (delete as appropriate) basis.

The first payment date should be made on: dd/mm/yyyy

And on the: _____ day of every month/ quarter/year thereafter, until further notice.

Please note this order should **cancel** any existing Standing Order to the above payee account from the month of the first payment of the new amount.

Donor Signature:

Donor Name:

Date:

* We will take a copy of the form for our records (for Gift Aid audit trail), then forward the original to your bank.