

GIFT AID DECLARATION for multiple donations

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

Gift Aid is 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 taxpayer**

Name of Charity: **PORTSMOUTH DIOCESAN TRUST**

Administered by: **Portsmouth Roman Catholic Diocesan Trustees Registered**

Charity No: **246871**

NAME OF PARISH: **ASCOT – ST FRANCIS**

RECORD NO:

Parish Code
ASC

Envelope No:

Standing Order
Yes/No

Direct Debit
Yes/No

For Diocesan Use

Details of donor (must only be the tax payer- one person only)

Title.....Christian Name(s)..... Surname.....

Home Address.....

.....

.....Post Code.....

YES / NO

Are you making donations to any other
Parish in the Diocese of Portsmouth

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 Portsmouth Diocesan Trust

I am a UK taxpayer 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.

Signature..... Date...../...../.....

Please notify the Parish Office if you:

1. Want to cancel this declaration.
2. Change your name or home address.
3. 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.

Portsmouth Diocesan Trust

Administered by: Portsmouth Roman Catholic Diocesan Trustees Registered
BANKER'S ORDER

NAME AND
ADDRESS OF
YOUR BANK IN
BLOCK
CAPITALS

Bank.....

Address.....

Sorting Code: - -

Please Pay to
the credit of

Account Number: 0873749 Sort Code: 30-93-04

Account Name: P.R.C.D.T.R. ASCOT ST FRANCIS Parish Code: ASC
Bank: LLOYDS TSB BANK PLC, PALMERSTON ROAD, SOUTHSEA

Quoting ref

GAD/...../(BLOCK CAPITALS)
(Office Use) (Surname and Initial(s), as it appears on your Cheque Book)

£ *(amount in words)*.....
MONTHLY/QUARTERLY/ANNUALLY *(Delete as appropriate)*

Starting on

.....Until further notice

and debit my account

.....
(Name of Account Holder) *(Number of Account)*

Signature

Date

.....

This Order cancels any existing Order in favour of the above ACCOUNT & SORT CODE NUMBER