

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 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

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

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