



Gift Aid Declaration



Your address is needed to identify you as a UK tax payer (please print clearly):

Title: Forename: Surname

Full Home Address:

..... Post Code

*I would like Marcham PCC to reclaim the tax I have paid on all qualifying gifts of money made: (*please tick below as appropriate)*

- from the date of this declaration**
- from the date of this declaration and in the past four years**

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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.

I understand the charity will reclaim 25p of tax on every £1 that I give

Signed : Date :/..... / 2022

Please notify the church: treasurer@allsaintsmarcham.org

- If you wish to cancel this Declaration
- If you change your name or home address
- If you no longer pay sufficient tax to equal the tax that charities reclaim on your donations
- 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 HMRC to adjust your tax code.

Marcham PCC store the information you have provided on this form for the purpose of administering your gift and complying with any requests for information from HMRC Revenue and Customs.

Please hand this half of the form to the treasurer

Thank you for your gift of pledging regularly to the church.

Please use this form if you don't have online banking facilities

To the manager of: (Your Bank or Building Society)

Address

..... **Post Code**

Please **pay / please amend** my payment to:

Marcham PCC

NatWest Bank, 11 Market Place, Abingdon OX14 3HH

Sort Code 60-01-01 Account No. 61591963 Reference: General Fund

The sum of £ (figures) (words)

on the **FIRST** day of (month) **2022**

and on the same day each **Month / Quarter / Year***

until further notice* or **for Months*** or **until/...../.....***

Please debit my account:

Your Account no: **Sort code:** - -

Signed : Date :/...../.....

Print :

Please send this form to your bank