DIOCESE OF MENEVIA

Parish of:	
	٠



Gift Aid Declaration

Title (Mr/Mrs,	/Miss/Other):	First names:			Surname:		
Home address	s:					Postcode:	
1							
*Tel/mobile:		*Ema	ail:				
*Your details wil third party.	l only be used to com	municate with you	in relation t	o gift aid admi	nistration and	d will not be passed on to any	
Yes, I v	would like to Gift	Aid					
the last four y amount of Inc amount of tax that other tax	rears and until fur come Tax and/or (c that all organisa	ther notice as G Capital Gains Tax tions that I dona nd Council Tax do	ift Aid dor x for each ite to will	nations. I cor year (6 April reclaim on m	nfirm that I to 5 April) ny gifts for t	donations I have made in have paid or will pay an that is at least equal to the that tax year. I understand denevia Diocesan Trust will	
Signature:	,		Date:				

Please notify the Diocesan Finance Office 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.

If you would like any more information, please contact the Diocesan Finance Office.