

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 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.

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.

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 donor's parish. Please also notify them if there is a change of name or home address, or if you no longer pay sufficient tax on your income and/or capital gains. 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: Nat West Bank Plc

Address of Bank: 18, Market Place

Henley-on-Thames, Oxon. RG9 1AH

Account Title: BRCDT Sacred Heart 116

Parish of the Sacred Heart

Account No.

Sort Code