Please return the entire form to the Treasurer and Gift Aid Secretary: Donald Bell

Email: donaldbell1944@gmail.com Tel: 01438 217936 Mobile: 07812344628

# Welwyn St Mary’s PCC

# STANDING ORDER AND GIFT AID DECLARATION FORM

The purpose of this form is to enable people to donate money to St Mary’s in the most convenient and tax efficient way. So we ask for your name and address details (**the postal code is very important)** first and then ask you to sign a declaration that you are a UK tax payer. This declaration enables us to claim a further 25% of your donation from HMRC.

Finally we ask you to write to your bank instructing them to send money to St Mary’s bankers who are Barclays Bank in Welwyn Garden City on a basis of your choosing.

If you are not a taxpayer please do not sign the declaration; simply go to the bank section.

**Full Name (Caps)** ………………………………………………………………………………

**Address (Caps)** ………………………………………………………………………………

 ……………………………………………**PostalCode** ……………………………

**Email address**…………………………………………………………………………………………

**Gift Aid Declaration**

“I want Welwyn St. Mary’s PCC to treat all donations I have made for the four years prior to this year, and all donations I make from the date of this donation until I notify you otherwise, as Gift Aid donations.

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains tax than the amount claimed on all my donations in that tax year it is my responsibility to pay any difference. I further understand that other taxes such as VAT and Council Tax do not qualify me as a taxpayer.”

**Signature** ………………………………………….. **Date** ……………………

**Instruction to Bank**

To …………………………………………………………………………………………..Bank PLC

Address ………………………………………………………………………………………………….

Please pay Barclays Bank, Church St, Welwyn, Herts (20-92-54) for the credit of St Mary’s Welwyn PCC Business Premium Account, number 60940194 the sum of

£…………….(…………………………………………………..…………) on ………………………

(Figures) (Words) (Date of first payment)

and thereafter on ……………………………………………………….. until ………………………

 (Date and frequency) (Date of last payment)

and debit my account. **All previous instructions are hereby cancelled.** ………………………

Name of account to be debited …………………………………Account no.

Date …………….. Signature …………………………… Sort Code