

# Giving Form and Gift Aid Declaration

*You can alter your giving at any time*

To the PCC of St Mark's Woodthorpe (Registered Charity 1131702)

Name .....  
(Capitals) Title Forenames Surname

(If you are giving through Gift Aid, please enter only one person's name above)

Address .....  
..... Postcode .....

I should like to give £ \_\_\_\_\_ Weekly / Monthly / Quarterly / One-off

- I choose to give by:
- Bank Standing Order/BACS
  - Offering Envelopes
  - Other (Please specify) .....

Please TICK to treat as Gift Aid donations all qualifying gifts of money made from the date of this declaration and in the past 4 years.

I am a UK tax payer 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. Please notify the Treasurer if you want to cancel this declaration, change your name or home address or no longer pay sufficient tax on your income and/or capital gains. If you are a higher rate tax payer please visit [www.parishresources.org.uk/wp-content/uploads/5-Gift-Aid-for-Higher-Rate-Taxpayers.pdf](http://www.parishresources.org.uk/wp-content/uploads/5-Gift-Aid-for-Higher-Rate-Taxpayers.pdf)

Signature ..... Date .....

If you have ticked that you are able to give by **Bank Standing Order**, please complete the form opposite OR tick one of the boxes below, if appropriate.

- I have arranged the Bank Standing Order payments by phone or internet banking, and these payments will start on .....
- There is no change to my existing Bank Standing Order payment.

# Standing Order Form



Please complete this form to set up a new standing order or if you would like to replace an existing one

To the Manager ..... Bank plc

Address .....  
..... Postcode .....

Account Number \_\_\_\_\_ Sort Code \_\_\_\_ • \_\_\_\_ • \_\_\_\_

Name of account holder(s) .....

Address .....  
..... Postcode .....

Please pay to:

**PCC St Mark's Woodthorpe Cooperative Bank**  
**Account Number 67231032 Sort Code 08-92-99**

**Weekly / Monthly / Quarterly** payments of:  
(Please circle preference)

£ \_\_\_\_\_ ( \_\_\_\_\_ pounds)

Starting on the ..... day of ..... 20 .....  
and continue these payments until further notice. (Please choose a start date approximately one month from today to allow time for processing).

Signature ..... Date .....

**Once completed, please return to the Gift Aid Secretary, Howard Lea or Treasurer, Jackie Carey, or e-mail: [smwft@outlook.com](mailto:smwft@outlook.com)**

*Thank you*