

GIFT AID DECLARATION

Charity Name: City Life Church Southampton

Instructions

1. Fill in your **FULL** name, address and postcode.
2. Read carefully through the statements below, sign and date the declaration.
3. This declaration will permit the above charity to reclaim the Income Tax or Capital Gains tax that you have already paid to the Inland Revenue from all donations you have made during the last 6 years, or since.....(the date you became a tax payer).
4. You can make a donation for any amount in cash, by cheque or Standing Order – Standing Order is the most efficient method of giving as this will provide a regular income for the charity and once set up your giving will be automatic. If you would like to give regularly by Standing Order complete the Standing Order at the bottom of the page and return the complete declaration to the charity. (If you already give by this method then please ignore the Standing Order).

Name: _____ Address: _____

Email/No: _____

I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities or Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 25p of tax on every £1 that I give.

I am aware that I must pay an amount of Income Tax or Capital Gains Tax equal to the tax deducted from the donations I make. I will notify the charity if I cease paying tax.

Signed: _____ Date: _____

STANDING ORDER (Please return this form to City Life Church, Aldermoor Farmhouse, Aldermoor Road, Southampton. SO16 5NN - NOT YOUR BANK)

To the Manager:
Bank Address:

Name:
Address:

Please pay to the account of: **CITY LIFE CHURCH** Sort Code: **40-52-40**
 CAF Bank Ltd Account No: **00023519**
 25 Kings Hill Avenue
 West Malling
 ME19 4JQ

The sum of £ / (amount in words)
 commencing on the day of and then on the of each MONTH
 thereafter, until cancelled by me in writing. This is a new Standing Order.

Name of account to be debited:
 Sort Code:
 Account No:

Signature(s): _____ Date: _____