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## The **Methodist** Church

## **Gift Aid Declaration**

| Please treat as today  | Gift Aid donations all qualify in the past 4 yea               |   | future                             |
|--|--|---|------------------------------------|
|  |  |   |                                    |
| (6 April to 5 April Amateur Sports understand that   | ril) that is at least equal to t<br>Clubs (CASCs) that I donat | the amount of tax that a<br>se to will reclaim on my on<br>ad Council Tax do not qu | ualify. I understand the Methodist |
| Please comple  | ete in capitals  |   |                                    |
| Date:  |  |   |                                    |
| Church Name:   |  |   |                                    |
| Title  | Initials*  | Forename(s)   | Surname*                           |
|  |  |   |                                    |
| Address* (House Number and first line of address, that is Road or Street Name are mandatory) |  |   |                                    |
|  |  |   |                                    |
|  |  |   | Post Code*                         |
|  |  |   | Signature (Optional)               |
|  |  |   |                                    |
|  |  |   |                                    |

\*Please note that the details marked with \* are mandatory.

Please notify your Gift Aid Secretary if you:

- Want to cancel this declaration
- o Change your name or home address
- o No longer pay sufficient tax on your income and/or Capital gains.

If you pay Income Tax at a 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 HMRC to adjust your tax code.

You can either provide initial or forename or both, but you should AT LEAST provide one of the two.

March 2014

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