

## GIFT AID DECLARATION

- All information given on this form will be treated confidentially –

I wish the Parish to treat all my contributions to Parish funds as GIFT AID donations from the date of this declaration.

### TAX PAYER DETAILS *(block capitals please)*

Mr / Mrs / Ms / Miss / Dr / \_\_\_\_\_ Surname:

Christian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Tel no: \_\_\_\_\_

Email: \_\_\_\_\_

### PREFERRED FORM OF DONATION

I wish to make my donations by standing order and will return the completed mandate to my bank or to the gift aid box.

I wish to make my donations in cash and request a set of personal gift aid envelopes

### DATE OF DECLARATION

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Day Month Year

PLEASE RETURN THIS FORM TO A MEMBER OF THE GIFT AID TEAM OR THE PARISH OFFICE. WE CAN ALSO BE REACHED AT 0128 733219

## STANDING ORDER MANDATE

- All information given on this form will be treated confidentially –

### INSTRUCTION TO:

The Manager of: \_\_\_\_\_ Bank PLC

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Sort Code: \_\_\_\_\_

### PLEASE PAY TO:

HSBC PLC, High Street, Brentwood, Essex Sort Code: 40-13-22

### FOR THE CREDIT OF:

The Catholic Church of Our Lady of Good Counsel Wickford

Account No: 71026216

The sum of £\_\_\_\_\_ monthly, starting from \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Day Month Year

until further notice by me / us.

### ACCOUNT TO BE DEBITED

Acc. Name: \_\_\_\_\_ Acc.No: \_\_\_\_\_

Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_

PLEASE SEND THIS FORM DIRECTLY TO YOUR BANK.  
FOR FURTHER INFORMATION RETURN TO "GIFT AID BOX" OR CONTACT GIFT AID ORGANISER ROBERT SANDY 01268 562370

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