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Gift Aid declaration

Please treat as Gift Aid donations all qualifying gifts of money made today/in the past 4 years/in the future (*please delete as appropriate*).

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.

Taxpayers name (in full please)	
Address	
Postcode	
Signed	
Date	

Please notify the Friends of St Mary's Croscombe if you:

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

If you pay Income Tax at the 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 HM Revenue and Customs to adjust your tax code.



Friends of St Mary's Croscombe
www.friendsofstmaryscroscombe.org
email: info@friendsofstmaryscroscombe.org



FRIENDS OF ST MARY'S CROSCOMBE
PROTECTING CHURCH HERITAGE

Application Form

We ask you to consider completing a Gift Aid Certificate and regular gifts make a huge difference to our work, enabling us to plan for the future and make the most of your donation. All regular gifts are welcome, large or small, and setting up a monthly or yearly payment is quick and easy. Please complete this form in block capitals.

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Standing Order

To _____ Bank Plc <i>(please insert the name and address of your bank)</i>	
Postcode	

Please pay to National Westminster Bank Plc, 25 High Street, Shepton Mallet BA4 5AF, for the credit of Croscombe Parochial Church Council, (Account No.52134644 / Sort code 60-19-11)

The sum of £	(sum in words)
on the _____ day of _____	20

and a like sum,

- a) Monthly on the _____ day of each month
- b) Quarterly on the _____ day of each subsequent third month
- c) Annually on the _____ day of _____.

NOTE: This supersedes the previous Standing Order which commenced on _____

From <i>(your account number)</i>	Bank Sort Code
Account name	
Signed _____	Date _____

Return address:

The Treasurer
Friends of St Mary's Croscombe
Dungeon Farm
Croscombe, Wells
Somerset BA5 3RP

Application Form

I/We wish to join the Friends of St Mary's Croscombe *(please print)*

Title	
Surname	
First name(s)	
Address	
Postcode	
Tel. Number	
email address	
Preferred contact	Phone [] email [] Post []
Age range	Under 18 [] 18 to 65 [] over 65 []

Membership Rates

Please tick minimum or add alternative subscription amount as appropriate

Type	√	Amount	To pay
Single <i>(incl. children)</i>	<input type="checkbox"/>	£25 per year	£
Joint <i>(incl. children)</i>	<input type="checkbox"/>	£40 per year	£
Overseas	<input type="checkbox"/>	£20 per year	£
Life	<input type="checkbox"/>		£



Cheques should be made payable to "Croscombe PCC".
Completed forms can either be handed to the Churchwardens
or sent to the treasurer at the address opposite.