



giftaid it

Regular Giving Form

Please treat as Gift Aid donations all qualifying gifts of money made (tick all boxes you wish to apply):

Today:

In the past 4 years:

In the future:

I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for the current tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities and Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for the current 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 have given.

Donor Details:

Title:	First name or initial(s):
Surname:	
Full home address:	
Post code:	
Date:	
Signature:	

Please notify Gloucester City Mission 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.



Standing Order Instruction

I would like to make a donation of £ monthly / quarterly / annually
(delete as appropriate)

Please debit the amount above from my account on or around (tick as appropriate)

1st 15th starting in (month)

Customer signature:

Date:

Instructions to your bank or building society to pay by standing order

Please make the payments detailed above debiting my/our account shown until notice is given.

Sort code Account number

Name of account holder(s)

Name of bank

Address of bank

Please pay to:

HSBC | Gloucester, The Cross | 40-22-09 | Gloucester City Mission | 31894188