## **GIFT AID and BANK DETAILS**



| To the Manager  |
|---|
| Bank Contact Details  |
| Account Name  |
| Account Number  |
| Please pay to ST MARY MAGDALENE PCC at NatWest Bank PO Box 221, 13 High Street, Westbury on Trym, Bristol, BS9 3B; Sort Code 60-23-23; Account No. 92604889   |
| The sum of £ (figures)pounds (words)  |
| To commence on theday ofin the yearin the year, and a like sum to be paid every month/ quarter/ year ,until further notice, and debit my account accordingly. |
| This cancels any previous instructions in favour of above named Parochia Church Council   |
| Signed  |
| PRINT NAMEgiftaid it  |
| GIFT AID DECLARATION Please print clearly   |
| NAME(surname & initials)  |
| POSTCODEDATEDATE  |
| I wish Gift Aid to apply to the enclosed donation. I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than              |
| the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.  |
| Please treat as Gift Aid donations all qualifying gifts of money made today in the past 4 years in the future   |
| Signed  |