**St Michael and all Angels Church, Middlewich**

**Gift Aid Declaration**

Title Christian Name(s) Surname

Address:

Postcode:

I am a UK taxpayer and I wish the Church to treat as Gift Aid all donations I make from the date of this declaration until I notify you otherwise.

Signature: Date:

**Notes:**

1. If you wish to make donations by Gift Aid, please complete the declaration above, **including the Postcode.**
2. You may cancel this declaration at any time by notifying the Pledges Officer.
3. In any tax year you must pay income tax and/or capital gains tax at least equal to the tax that the Church reclaims on your donations
4. If in future your circumstances change and you no longer pay tax, you can cancel the declaration
5. If you are unsure whether your donations qualify for Gift Aid tax relief, ask the Pledges Officer, or ask the local tax office for leaflet *IR113, Gift Aid*

**BANKERS STANDING ORDER MANDATE**

**I** (Name)

**of** (Address)

**Post Code**

**request you to pay to**
**Barclays Bank plc, Wheelock Street, Middlewich, Cheshire, CW10 9AG**
**Sort Code 20-24-09 for the credit of –**

| **Middlewich Parochial Church Council** | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Account No.** | **6** | **0** | **0** | **9** | **2** | **1** | **7** | **7** |

**the sum of £** **monthly / quarterly / annually**

**commencing on** _____ **20**_____

and thereafter until further notice in writing

**Date** **20**

**Signature**

**To** (Name of Bank)

**of** (Address of Bank)

**Post Code**

**Your Bank Account Name:**

**Your Account Number** **Sorting Code Number**

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | |

**Delete as applicable:**

***Please Cancel existing order in favour of the same recipient for £**

***Please do not cancel any existing orders in favour of the same recipient**

**PLEASE RETURN THIS FORM TO YOUR BANK**