

GIFT AID INFORMATION

Grace Community Church Office, 229 Bedford Road, Kempston, Bedfordshire MK42 8DA
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Grace Community Church Gift Aid Declaration (Part A)

Charity no.: 1129169 Inland Revenue ref.: XN32304

Boost your donation by 25p of Gift Aid for every £1 you donate

Gift Aid is reclaimed by the charity from the tax you pay for the current tax year.

In order to Gift Aid your donation you must tick a box below:

I want Grace Community Church Bedford to treat as Gift Aid donations all qualifying gifts of money I have made (please tick as appropriate):

today, the amount of £ _____

in the past 4 years

in the future

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.

My Details

Title _____ First name or initial(s) _____

Surname _____

Full Home address _____

Postcode _____

Date _____ Signature _____

Please notify the charity 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.

Thank you for your support

Grace Community Church Standing Order Mandate (Part B)

PLEASE SEND THIS FORM (PART B ONLY) TO THE BRANCH YOUR ACCOUNT IS HELD AT.

To _____ Bank (Name of your bank)

Please set up the following standing order and debit my account accordingly:

Section 1 - Your details and the details of your bank

Title _____ Forename(s) _____

Surname _____

Address _____

Post code _____

Account name _____

Account no. _____ Sort code ____ - ____ - ____

Name of your bank and branch _____

Section 2 - Grace Community Church bank details

Account name: Grace Community Church Bedford

Account no: 52507831 **Sort code:** 60-12-45 **Name of bank:** Nat West Kempston

Section 3 - About the payment

Frequency of payment (weekly, monthly, yearly) _____

Date of first payment _____ Amount of first payment £ _____

Date and amount of ongoing payments (if different from first payment) _____

£ _____ Amount in words _____

Please debit my account until:

Date _____

Further notice

(Please tick the appropriate option)

Signed _____ Date _____

Thank you for your support

Please send this form (Part B only) to the bank branch your account is held at.