

# Gift Aid Declaration: *G2 (St Michael le Belfrey)*



## Details of donor

Title:

Forename(s):

Surname:

Address:

Postcode:

### *I want the charity to treat:*

\* all donations I make from the date of this declaration until I notify you otherwise as Gift Aid donations

\* all donations I have made for the six years prior to this year, (but no earlier than 6/4/2000) **and** all donations I make from the date of this declaration until I notify you otherwise, as Gift Aid donations.

### *\*Delete as appropriate*

Signature:

Date:

**You must pay an amount of income tax and/or capital gains tax at least equal to the tax that St Michael's reclaims on your donations in the appropriate tax year (currently 25p for each £1 you give).**

## Notes

1. You can cancel this declaration at any time by notifying the charity.
2. If in the future your circumstances change and you no-longer pay tax on your income and capital gains equal to the tax that the charity reclaims, then you can cancel your declaration.
3. If you pay tax at the higher rate (currently 40%) you can claim further tax relief in your Self Assessment tax return.
4. If you are unsure whether your donations qualify for Gift Aid relief, ask the charity. Or, refer to help sheet IR65 on the HMRC web site. ([www.hmrc.gov.uk](http://www.hmrc.gov.uk))
5. Please notify St Michael's if you change your name or address.

St Michael le Belfrey Parochial Church Council, The Parish Centre, 11/12 Minster Yard, York YO1 7HH  
Tel: 01904 624190, Fax: 01904 622290, Email: [finance@stmichaelsyork.org](mailto:finance@stmichaelsyork.org)

Registered Charity Number: 1130866

## STANDING ORDER FORM—PLEASE FILL OUT IN BLOCK CAPITALS

Please return this form to PAUL MILLARD at THE PARISH CENTRE, 11/12 MINSTER YARD, YORK, YO1 7HH - **DO NOT SEND THIS FORM TO ANY BANK\*** - Thanks.

Name of Your Bank:	Bank PLC
Address of Bank:	

Name of Your Account:
Account No:
Sort Code:

**Please pay the amount below from my account to:**

**ROYAL BANK OF SCOTLAND  
6 Nessgate, York YO1 1FY  
Sort Code 16 34 80  
A/C No: 12552005  
A/C Name: ST MICHAEL LE  
BELFREY PCC**

**Amount: £** (figures)

£ (words)

### Frequency:

Please pay this amount on a: monthly / quarterly / annual (delete as appropriate) basis.

The first payment date should be made on: dd / mm / yyyy

And on the: day of every month thereafter, until further notice.

Please note this order should **cancel** any existing Standing Order to the above payee account from the month of the first payment of the new amount.

Donor Name:

Donor Signature:

Date Standing Order signed:

\* We will take a copy of the form for our records (for Gift Aid audit trail), then forward the original to your bank.