## GIFT AID DECLARATION

## ROMAN CATHOLIC DIOCESE OF SOUTHWARK

## ST THOMAS MORE - WEST MALLING

			,
TITLE:	(Mr/Mrs/Miss	/Ms) (Ple	ase delete as appropriate)
SURNAME:	(Block Capita	als)	
FORENAME(S):	(Block Capita	als)	
HOME ADDRESS:	(Block Capita	als)	
POST CODE:			
		W	
Please treat:			
* all gifts of money that I make today and in the future as Gift Aid donations; <b>OR</b>			
* all gifts of mone	ey that I have	made in the	e past 4 years and all future gifts of money
			on as Gift Aid donations.
*(Please tick the appropri	iate box)		
			of Income Tax and/or Capital Gains Tax
for each tax year (6th April to 5th April) that is at least equal to the amount of tax that <u>all</u> the Charities or Community Amateur Sports Clubs (CASCs) that I donate to			
will reclaim on my gifts for that tax year.			
Signature			Date
Please notify the cha			*
<ul><li>1 Want to cancel this of</li><li>2 Change your name of</li></ul>	or home address.		
3 No longer pay suffici	ent tax on your ir	ncome and/or	capital gains.
Tax claimed by the cl	•		
4 I he charity will recla	ım 25p in tax on	every £1 you g	give from 6th April 2008.
If you pay income tax at you, you must include all and Customs to adjust yo	your Gift Aid dor	dditional rate	and want to receive the additional tax relief due to ir Self Assessment tax return or ask HM Revenue
Parish Code:	MR Env	. No.	GAD No.

Apr 12