

giftaid it



Gift Aid declaration – for present & future donations

If you have not signed a declaration in favour of Old Saint Paul's, this form enables us to reclaim tax you have paid on your donation.

Name of charity: OLD SAINT PAUL'S EPISCOPAL CHURCH, EDINBURGH

Please treat as Gift Aid donations:

- The enclosed gift of £_____
- All qualifying gifts of money made today and in the future
- ✓ *Please tick the appropriate box*

I confirm that I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities or Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 25p of tax on every £1 that I give on or after 6 April 2008.

Donor's details (please print and complete in full):

Title: First name or initial(s):

Surname:

Full home address:

.....

Postcode Date

Signature

Please notify the church if you:

1. want to cancel this declaration
2. change your name or home address
3. 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.

Please return to: Lynne Niven, 75 Eskhill, Penicuik EH26 8DD

OLD SAINT PAUL'S EPISCOPAL CHURCH + 39 JEFFREY STREET EDINBURGH EH1 1DH
0131 556 3332 FINANCE@OSP.ORG.UK WWW.OSP.ORG.UK
REGISTERED SCOTTISH CHARITY NUMBER SC017399



Standing Order Instruction (*new or amendment*)

To: The Manager
Name of bank:

Address:

.....

Please pay to:
RELIANCE BANK LTD Sort code: **60-01-73**
Faith House, 23-24 Lovat Lane, London EC2B 8EB
For account of:
OLD SAINT PAUL'S EPISCOPAL CHURCH Account no: **00 214 164**

the sum of:
(*in words*)

(*in figures*): £.....

commencing on: (*date*)
and on the same day each month until this instruction be amended or cancelled.

Please debit my account no:

Name of account:

This instruction cancels all previous standing order instructions
in favour of Old Saint Paul's Church.

Signed:
.....
.....

Date:

Please return to: Lynne Niven, 75 Eskhill, Penicuik EH26 8DD

OLD SAINT PAUL'S EPISCOPAL CHURCH + 39 JEFFREY STREET EDINBURGH EH1 1DH
0131 556 3332 FINANCE@OSP.ORG.UK WWW.OSP.ORG.UK
REGISTERED SCOTTISH CHARITY NUMBER SC017399