

**PRINT IN BLOCK CAPITALS** (please complete as an individual for Gift Aid purposes)

Full Name of Parishioner .....

Address.....

Postcode.....Tel/Mobile.....Email.....

My payments of £ \_\_\_\_\_ will start on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, using

(check one):  Direct Debit  Standing Order  Envelopes

\*direct debits only debited on the 15<sup>th</sup> of month

I will give on the following schedule

(check one):  Annually  Quarterly  Monthly  Weekly

**GIFT AID** - Please treat as Gift Aid donations all qualifying gifts of money made  today,  in the past 4 years,  in the future.

Please tick all boxes you wish to apply. I confirm 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 28p of tax on every £1 that I gave up to 5 April 2008 and will reclaim 25p of tax on every £1 that I give on or after 6 April 2008.

Please notify the charity of CASC 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 a 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 to ask HM Revenue and Customs to adjust your tax code.

Please complete either the standing order form below or the direct debit form overleaf to confirm your commitment. If you chose envelopes (check one):

I already have envelopes  I need envelopes

I would like to include my parish in my Will. Please send me more information.

Signature.....Date.....

**English Martyrs, Portsmouth Diocesan Trust**

Administered by: Portsmouth Roman Catholic Diocesan Trustees Registered  
**STANDING ORDER FORM**

NAME AND ADDRESS OF YOUR BANK IN Bank.....

BLOCK CAPITALS: Address.....

**Sort Code: 30-93-04 Account Number: 00885666**

Please Pay to the credit of:

Account Name: P.R.C.D.T.R. English Martyrs

Bank: LLOYDS TSB BANK PLC, PALMERSTON ROAD, SOUTHSEA

Quoting ref Your Name.....

(Please enter your name as it appears on your cheque book in BLOCK CAPITALS)

The sum of £  Amount in Words.....

**MONTHLY / QUARTERLY / ANNUALLY (delete as appropriate)**

Starting on Date..... until further notice

Debit my account Name..... Account Number.....

Sort Code.....

Signature..... Date.....

**This Order cancels any existing Order in favour of the above ACCOUNT & SORT CODE NUMBER**