

Salisbury DBF The Sudan Funds

Gift Aid Declaration

If you are a UK taxpayer and eligible to Gift Aid your donation, please complete the declaration below. This will increase your gift by 25p for every £1 given at no extra cost to you or us. Thank you.

Please treat as Gift Aid donations all qualifying gifts of money made from the date of this declaration and in the past four years. 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

Full Name : _____

Address : _____

Postcode: _____

Signature: _____ Date: _____

NOTES

1. Please notify Salisbury DBF 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. Gift Aid is linked to basic rate tax. Basic rate tax is currently 20%, which currently allows charities to reclaim 25 pence on the pound.
2. Higher rate taxpayers can claim back the difference between basic rate and higher rate or additional rate tax. 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.

*When completed please send both parts of this form to
Church House, Crane Street, Salisbury, Wilts. SP1 2QB*

Standing Order Instruction

Name and full postal address of your Bank or Building Society

To: The Manager _____

Address _____

Postcode _____

Please pay to the **Salisbury Branch**

of **Lloyds TSB Bank plc**

sort code **30 - 97 - 41**

for the credit of **Salisbury DBF - Reference** **General Fund** or

Medical Link Fund

whose account number is **00007237** *[delete as appropriate]*

the sum of £ _____

(in words) _____

on the _____ day of _____ 20

and a like sum on the *(delete as appropriate)*

same day in each succeeding [month] [quarter] [year]

until further notice

and debit my account no. _____

[Please cancel my existing Standing Order-(delete if not required)]

Signed _____

Name _____

Address _____
