MY GIFT TO ST MICHAEL CORNHILL



Please print clearly and tick all the boxes that apply.

| Personal Details | | | | |
|--|---|--|--|--|
| Title: | | | | |
| First name: | | | | |
| Surname: | | | | |
| Home Address (this is required by HMRC for claiming Gift Aid): | | | | |
| | | | | |
| Postcode (this is required by HMRC for claiming Gift Aid): | | | | |
| Email: | | | | |
| My Regular Gift (please tick) | | | | |
| | I want to set up/change a Standing Order and have completed the form overleaf | | | |
| | *I have set up/ changed a Standing Order directly with my bank as follows | | | |
| | Starting date: | | | |
| | Amount: £ | | | |
| | Frequency: | | | |
| My One-Off Gift | | | | |
| | I enclose a cheque/charity voucher for £ | | | |
| | I have arranged a bank transfer in the amount £ with reference | | | |

^{*}Please instruct your bank/payroll department to give your name and surname (eg John Smith) as the reference for your gift.

| Gift Aid Boost your donation by 25p of Gift Aid for every £1 you donate | | | | |
|---|--|--|--|--|
| | My gift is eligible for Gift Aid and I have completed the Gift Aid Declaration below | | | |
| | My gift is <i>not</i> eligible for Gift Aid | | | |
| Gift Aid De For St Mich | claration ael Cornhill | | | |
| I want the Parochial Church Council of St Michael Cornhill to treat as Gift Aid donations: (please tick as appropriate) | | | | |
| | I want to Gift Aid my donation of £ and any donations I make in the future (delete if not appropriate) | | | |
| | I want to Gift Aid any donation I have made in the past 4 years | | | |
| | I am a UK taxpayer and I 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. I will notify St Michael's if I want to cancel this declaration, if I change my name or home address, or if I no longer pay sufficient tax on my income and/or capital gains. | | | |
| | address, or if i no longer pay sufficient tax on my income and/or capital gains. | | | |
| | In completing the <i>My Gift to St Michael's</i> and/or the <i>Gift Aid Declaration</i> and/or the <i>Standing Order</i> sections of this form you agree that St Michael Cornhill may collect, store and use any personal information with which you may provide us, for the purposes of administering your gift and complying with any requests for information from HM Revenue & Customs. | | | |
| Signed: | | | | |
| Date: | / /20 | | | |

Please return to:

The Giving Secretary, St Michael's Church Office St Michael's Alley, London EC3V 9DS

The PCC of St Michael Cornhill is registered with the Charity Commission. Registered Charity: 1179240

STANDING ORDER FORM

Please print clearly and fully complete the details below.

| | E PAY nael Cornhill nael's Alley, Lond | don EC3V 9DS |
|-----------------------------|--|---|
| CAF Ba Accour Sort co | nt number | 00026959 40-52-40 |
| The su | m of £ | (in figures) day of |
| | 20 (date | of first payment) and on the same date in each succeeding month / quarter / |
| year fo | ormonths , | / until20 / or until further notice (delete / complete as applicable). |
| PLEASE | e debit my acc | COUNT |
| | My name | |
| | Account numl | ber |
| | Sort Code | |
| | My Bank Nam | ne |
| | Branch Addre | SS |
| | Post Code | |
| OR | | |
| | Please cancel n (tick box if this | ny existing standing order to St Michael Cornhill applies) |
| Signed | l | /20 |
| WHA | t to do ne: | XT: |

Please ensure you have completed the My Gift to St Michael's and the Gift Aid sections of this form before returning it to:

The Giving Secretary, St Michael's Church Office St Michael's Alley, London EC3V 9DS

Registered Charity: 1179240