

Gift Aid Declaration for UK tax payers

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riease complete your deta	IIS III BLUCK CAPITALS			
MR / MRS / MS	FIRST NAMES		SURNAME	
HOME Address				POSTCODE
Optional additional information (if you don't mind us contacting you this way): Email _				Phone
of Gift Aid claimed on a	derstand that if I pay less In Il my donations in that tax yo y will reclaim 25p of tax on e	ear it is my responsibilit		ear (6 April to 5 April) than the amount
Please choose ONE of the	ne following options			
☐ I wish Elim to treat as Gift Aid, all my donations made in the last 4 years, or since DD / MM / YYYY and all donations I make hereafter. OR				
\square I wish Elim to treat as Gift Aid, only my single donation of £ given DD / MM / YYYY				
(If you select this option you will need to complete a new declaration for other donations)				
Signature		Date		
If you are giving regularly, please consider doing so by monthly standing order				
OFFICE USE Benefitting church/dept:				
Church Name: EFGA Norw	rich One Church			
Elim Church Code: CN090				
Elim Foursquare Gospel Alliance Registered Charity 251549 (England and Wales) SC037754 (Scotland)				
			Local reference	Elim HO GAD reference