

# Gift Aid Declaration Form

(...for donations to an Elim EFGA church)

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MR / MRS / MS									==							***	***	15-7-	-	
FIRST NAMES*	-				I	I	I													
SURNAME*						I	I													
HOME Address*					T			Π												
TOWN/CITY*																				
POSTCODE*										- 17				175						
EMAIL ADDRESS																				
TELEPHONE																				

#### **Privacy Statement**

Elim is committed to ensuring that your privacy is protected and that data collected will only be used for our legitimate interest, including the Gift Aid process, in accordance with our privacy policy. See this in full at www.elim.org.uk/privacypolicy or ask for a copy from our Data Protection Officer; email dpo@elimhq.net or write to The Data Protection Officer, Elim International Centre, De Walden Road, MALVERN WR14 4DF. All personal data collected by Elim within this form will only be kept as long as necessary.

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Are a UK tax payer? Increase your gift's value by 25% at no extra cost to you.

If you are a higher rate tax payer you can also recover the difference between the basic rate we recover and the higher rate you pay

### Gift Aid is only applicable if you're a UK tax payer

## B. GIFT AID DECLARATION (for completion by an individual UK Tax payer)

After reading the following statement, please choose ONE declaration option (tick ☑):

I am a UK tax payer and understand that if I pay less Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference. I understand the charity will reclaim 25p of tax on every £1 that I give.

_	Lindaring Declaration – I wish elim to treat as Gift Ala, all my donations from the start of the current tax year (6 April)
	or all donations from / / and thereafter.
	OR .
	Single Amount Declaration – I wish Elim to treat as Gift Aid, only the amount of £ given on/ / / /
	(Selecting this limitation would require a fresh declaration for any future donations)

Signature	Date	8
C. BENEFITTING CHURCH/DEPT: (office use)		

#### £

Elim Church Code: CL014 Name of Church or Dept: Luton Christian Fellowship

Local reference: \_\_\_\_\_ Elim Finance Dept. GAD reference \_\_\_\_\_

Elim Foursquare Gospel Alliance, Registered Charity 251549 (England and Wales) SC037754 (Scotland) ELIM INTERNATIONAL CENTRE, DE WALDEN ROAD, MALVERN WR14 4DF

<sup>\*</sup>Required information - these fields must be completed



Luton Christian Fellowship Cnr Castle/Hibbert Street Luton, LU1 3AL

TO: Bank Name & Address		FROM: Your Name & Address
		×
Account Name:		
Ref. Account No:		Sort Code:
	-	
Dear Sirs, please pay: LUTON CHR	STIAN FELI	LOWSHIP at
BARCLAYS BANK PLC 28 GEORGE STREET		
LUTON		
LU1 2AE		
Please quote reference number: (This will be your Gift Aid number if	you have one)	
Account No:		Sort Code:
1 0 3 5 2 3 0 6	-	2 0 - 5 3 - 9 7
1 0 3 3 2 3 0 0		20-33-31
The Sum of:	£	
Amount in Words:		
First payment on the:		(Date)
	of each mont	h until further notice
And on the day	or cach mont	n until fultifier flotice
Please cancel any existing Standing Thank you.	Orders in the	favour of Luton Christian Fellowship.
Signed:		
Print Name:		