

ARCHDIOCESE OF BIRMINGHAM  
Registered Charity no. 234216

**Parish to Complete**

Parish Name.....  
Parish No.....

**GIFT AID DECLARATION  
WRITTEN**

I

Full name in CAPITALS  
including title  
( Mr/Mrs/Miss/Other)

OF

Full Home address in  
CAPITALS  
including post code

Want the ARCHDIOCESE OF BIRMINGHAM to treat all donations I have made  
Since

and all donations I make hereafter as Gift Aid donations and reclaim tax accordingly.

Signature of Donor

Date of Declaration

**Notes:**

1. Donors must be taxpayers who pay an amount of income tax or capital gains tax equal to the tax reclaimed by the Archdiocese on the donations in each tax year.
2. Donors are entitled to cancel a Gift Aid declaration at any time. Cancellation should be notified to the Archdiocese or the donor's Parish in writing.
3. Data Protection Act 1998. The Diocese will use the information supplied by you to reclaim tax from the Inland Revenue. Apart from this the Diocese will only use the information internally.

**For Office use  
GAD REFERENCE NO.**

When completed please return WHOLE form to your Parish Organiser

PLEASE COMPLETE  
"SHADED" BOXES  
(STANDING ORDER  
IS OPTIONAL)

PLEASE ASK PARISH  
ORGANISER FOR  
NUMBERED ENVELOPES  
IF YOU DO NOT WISH  
TO PAY BY  
STANDING ORDER

Enter amount you wish  
to give →

Your signature and date  
of your signature →

Name and Address of  
your bank →

Bank Account Name →

Bank Account Number  
and Sort Code →

**BANKER'S STANDING ORDER MANDATE  
ARCHDIOCESE OF BIRMINGHAM  
Registered Charity no. 234216**

This instruction cancels any previous order made in favour of the beneficiary named below  
Make the payments detailed below and debit my/our account

**Parish Organiser to complete**

Name of recipient Bank:.....

Address of Bank: .....

Account Title: .....

Parish of .....

Account No.

Sort Code

**Donor to complete**

The Sum of £.....

Commencing on..... day of..... 20.....  
WEEKLY / MONTHLY / QUARTERLY / ANNUALLY and thereafter until  
further notice. (Please circle your choice of payment)

Signed.....Dated.....

Name of Bank: .....

Address of Bank: .....

Your Bank Account Name: .....

Account No.

Sort Code

