



giftaid it

Throughout the diocese we are drawing up pastoral guidelines for the mission of our parishes and other communities. In drawing up our plans we need to ensure we can resource them properly.

Gift Aid is a simple way of increasing financial giving without pain. We can claim back your tax, so increasing the value of your giving. Please read this leaflet carefully and see how best you can respond. Thank you.



+ Deelan

we **need** your help

Tax changes are going to cost our parish

Gift aiding the donations you already make will cost you nothing, but will make a real difference to our parish

The Tax Man will add a fiver to every £20 you give.

If you change your mind you can cancel the arrangement at any time...

...and you can always increase your giving at anytime too!

And, if you already Gift Aid, please take this opportunity to review how much you give?

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BANKERS STANDING ORDER FORM (new donor)

from your name

address

post code

to the Manager

Bank

address

post code

sort code

A/C No

Please pay Nat West Bank, The Mall, Clifton, Bristol. sort code 52-10-03
Please credit Diocese of Clifton Covenant A/C – no. 66849357

on the 6th day of _____ or the 6th day of the following month
if received after the above date) and on the 6th day of each month until further notice

the sum of

Please quote ref.

signed

date

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BANKERS STANDING ORDER FORM (change of giving)

from your name

address

post code

to the Manager

Bank

address

post code

sort code

A/C No

Please pay Nat West Bank, The Mall, Clifton, Bristol. sort code 52-10-03
Please credit Diocese of Clifton Covenant A/C – no. 66849357

on the 6th day of _____ or the 6th day of the following month
if received after the above date) and on the 6th day of each month until further notice

the sum of

Please quote ref

This is to replace the existing mandate of the same reference / payee

signed

date

GIFT AID DECLARATION
CLIFTON CATHOLIC DIOCESAN TRUSTEES REGISTERED
registered charity number 233977

your name _____

home address _____

post code _____

your parish _____

I want the charity to treat all donations I have made for this tax year and the six years prior to the year of this declaration, and all donations I make from the date of this declaration until I notify you otherwise, as Gift Aid donations. I confirm that I will pay an amount of income tax or capital gains tax equal to the tax you reclaim on my donations.

signed _____

date _____

I intend to give using (please tick) standing orders _____ envelopes _____

PLEASE RETURN THIS FORM TO YOUR PARISH

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FOR FURTHER INFORMATION CONTACT OUR **GIFT AID** SECRETARY:

