GIFT AID DECLARATION

TO

THE GUILD OF OUR LADY OF GOOD COUNSEL

(REGISTERED CHARITY NO. 1096617)

Full Name	
(Mr, Mrs, Miss, Rev'd, Dr)	
Date of BirthTe	el. No
Tick here if you are <u>NOT</u> a tax payer	PLEASE RETURN
If you ARE a tax payer please complete the follows DECLARATION	ing:-
I confirm that I am a UK Taxpayer. Please tr	eat all donations I make to THE GUILD OF OUR LADY OF until I notify you otherwise, as a GIFT AID donation.
Signed	Date
	For Capital Gains Tax for each tax year (6 April one year to 5 nount of tax that the Charity will reclaim on your gifts for that
×	
STA	ANDING ORDER
Please print your bank details here:	
To the Manager,	Bank
Your bank's address:	
Sort code:	(The sort code is on the top right of your cheques)
Please print your name, address, and bank account n	oo. here:
From:	
Address:	
	Tel:
Bank Account No	
1 0	Sort code: 23 – 83 – 95 A/c. no: 00287036)
the sum of £ 84.00 monthly	
commencing on (date)	, until further notice.
Signed:	Date:

Please return completed form to:

THE GUILD OF OUR LADY OF GOOD COUNSEL

15 Maple Grove • Kingsbury • London NW9 8RD