

Name(s)	
Address:	
Postcode:	Telephone
Email <sup>.</sup>	

Please notify the charity if you change your name or home address.

## GIVING FOR 2024/25

My/our planned giving to Holy Trinity for 2024/25 will be .....

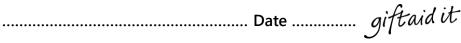
Thank you but I/we do not wish to declare my/our giving (tick here):



Please treat all donations I have made for this year and for the four 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 to the above charity.

You must pay an amount of Income Tax and/or Capital Gains tax for this tax year, at least equal to the tax that the charity will claim from HMRC on your Gift Aid donation. I understand that if I pay less Income Tax and/or Capital Gains tax than the amount of Gift Aid claimed on all my donations in that tax year, it is my responsibility to pay any difference.

## Please SIGN HERE to authorize the reclaiming of tax by Gift Aid:



Holy Trinity Jesmond will reclaim **25p** on every **£1** you give. If you pay income tax at the higher rate, you must include all your Gift Aid donations on your Self-Assessment Return if you want to receive the additional allowance.

Please return this **SIGNED** form to church or to the Treasurer. THANK YOU. All information is treated in the strictest confidence.



## To THE MANAGER

Bank Name	
Bank Address	5:

Date:

## Please pay to:

The Cooperative Bank, PO Box 250, Skelmersdale, WN8 6WT (Sort Code 08 92 99) For the credit of **HOLY TRINITY PCC**, Account Number: **65202089** 

The sum of .....

On the ...... day of ...... 2024

And a like amount on the same day each month / quarter / half-year / year (delete as appropriate)

Please debit my account number: .....

This order cancels any previous order made by me/us to Holy Trinity Church.

Name(s)	
Address:	
Signature	