

St Michael and all Angels Church, Middlewich (Middlewich PCC) Gift Aid Declaration		
Title	Christian Name(s)	Surname
Home Address:		
Postcode:		
Please treat as Gift Aid donations, all qualifying gifts of money made: In the past four years: <input type="checkbox"/> In the future: <input type="checkbox"/>		
Please tick all boxes you wish to apply. [Single gifts should be made using one of the printed envelopes provided.]		
I am a UK taxpayer and 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.		
Signature:		Date:
Please notify the Pledges Officer if at any time: 1. You wish to cancel this declaration 2. You no longer pay sufficient tax on your income and/or capital gains (Gift Aid is linked to basic rate tax, currently 20%, which allows us to reclaim 25p for every £1 donated) 3. You change your name or home address <i>If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self Assessment tax return or ask HM Revenue and Customs to adjust your tax code.</i>		
PLEASE RETURN THIS FORM TO THE PLEDGES OFFICER Mr John Briggs, 85 Rolt Crescent, Middlewich, CW10 0BE or via the Church Office		

Revised 6th April 2016 – HMRC wording change
Revised 20th May 2020 – Bank address and account name changes

BANKERS STANDING ORDER MANDATE											
I (Name)											
of (Address)											
Post Code											
request you to pay to: Barclays Bank plc, 31 High St, Northwich CW9 5BW Sort Code 20-24-09 for the credit of –											
Middlewich Parochial Church Council											
Account No.	6	0	0	9	2	1	7	7			
the sum of £ _____ monthly / quarterly / annually											
commencing on _____ 20_____ and thereafter until further notice in writing											
Date _____ 20_____											
Signature											
To (Name of Bank)											
of (Address of Bank)											
Post Code											
Your Bank Account Name:											
Your Account Number								Sorting Code Number			
*Delete as applicable:											
*Please Cancel existing order in favour of the same recipient for £											
*Please do not cancel any existing orders in favour of the same recipient											
PLEASE RETURN THIS FORM TO YOUR BANK or ARRANGE ONLINE											