St Michael and all Angels Church, Middlewich									
(Middlewich PCC)									
Gift Aid Declaration									
Title	Christian Name(s)	Surname							
I I a mana A a	dua a a .								
Home Address:									
Postcode:									
Please treat as Gift Aid donations, all qualifying gifts of money made:									
In the past four years:									
,									
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									
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									
	to adjust your tax code.	ACES OFFICED							
PLEASE RETURN THIS FORM TO THE PLEDGES OFFICER Mr John Briggs, 85 Rolt Crescent, Middlewich, CW10 0BE or via the									
Church Office									

BANKERS STANDING ORDER MANDATE											
(Name)											
of (Address)											
	Post Code										
request you to pay to: Barclays Bank plc, Wheelock Street, Middlewich, Cheshire, CW10 9AG Sort Code 20-24-09 for the credit of –											
Middlewich PCC											
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 THE PLEDGES OFFICER											