

GIFT AID FORM

Precept Ministries UK
PO Box 2129 Salisbury SP2 2DL

Charity No: 1072938
Tel: 01722 770028
www.precept.org.uk



Details of Donor

TitleForename(s)Surname

Address

.....

Postcode

I want the charity to treat all donations I have made for the six years prior to this year, **and** all donations I make from the date of this declaration until I notify you otherwise, as Gift Aid donations.

You must pay an amount of Income Tax and/or Capital Gains Tax at least equal to the tax that the charity reclaims on your donations in the appropriate tax year (currently 25p for each £1 you give).

Date _____ Signed _____

NOTES

1. You can cancel this Declaration at any time by notifying Precept Ministries UK.
2. If in the future your circumstances change and you no longer pay tax on your income and capital gains equal to the tax that the charity reclaims, you can cancel your declaration by informing Precept Ministries UK.
3. If you pay tax at the higher rate you can claim further tax relief in your Self Assessment tax return.
4. If you are unsure whether your donations qualify for Gift Aid tax relief please refer to help sheet IR65 on the HMRC web site. (www.hmrc.gov.uk)
5. Please notify Precept Ministries UK if you change your name or address.

Thank you very much.

STANDING ORDER FORM

Precept Ministries UK
PO Box 2129 Salisbury SP2 2DL

Charity No: 1072938
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Your Bank Details:

| | |
|------------------------------------|-----------------------|
| To: The Manager: | Bank/Building Society |
| Address of Bank/Building Society : | |
| | |
| Postcode: | |
| Name of Account Holder(s): | |
| Account No: | |
| Sort Code: | |

| | |
|----------------|--|
| PAY TO: | HSBC |
| ACCOUNT NAME | Precept No 2 Community A/C |
| ACCOUNT No. | 72109778 |
| BANK SORT CODE | 40-40-14 |
| BANK ADDRESS | HSBC 19 Minster Street Salisbury SP1 1TE |

If you are a tax payer please fill in the Gift Aid form opposite. Thank you.

Please pay £ _____ (Figures) _____ (Words)

Commencing on _____ (Date) and continuing thereafter *Monthly/Quarterly/Annually until further notice (*Please delete)

Signature: _____ Date signed: _____

Your Details:

Title: Forename(s) Surname:

Address: Postcode:

Tel No:

Email:

Please send to Precept Ministries UK

Thank you!