

**DIOCESE OF LEEDS - GIFT AID DECLARATION**

Office use only

PARISH:

I,

Please PRINT your first name(s) and surname below: (Please delete as appropriate)  
Mr/Mrs/Miss/Ms

Please PRINT your full HOME address below – POSTCODE must be completed:

Of,  
Email:  
Telephone No:  
Postcode:

want to Gift Aid my donations I make in the future or have made in the past 4 years to the Roman Catholic Diocese of Leeds. I am a UK tax payer 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 relevant tax year, it is my responsibility to pay any difference.

Date of Declaration

Please notify your Parish/Gift Aid Office if:

1. You wish to cancel this Declaration;
2. You change your name or address;
3. You no longer pay sufficient tax on your income and/or capital gains tax.

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 HMRC to adjust your tax code.

I wish to donate via:

Numbered Envelope No:            
 Cheque:          
 Box No:        
 Standing Order:

Data Protection Notice: We will always store your personal details securely. Your details will only be used by the Diocese of Leeds and HMRC. We will never give your information to other organisations for their own purposes. By providing your details you are agreeing to be added to our list of donors. To cancel at any time, please contact: [louise.ward@dioceseofleeds.org.uk](mailto:louise.ward@dioceseofleeds.org.uk) or call: 0113 261 8023. Further details available: <http://www.dioceseofleeds.org.uk/privacy-notice/>

More information can be obtained from the parish or from Louise Ward, Gift Aid Administrator  
Diocese of Leeds – Registered Charity No. 249404

PLEASE COMPLETE THE SHADED AREAS

**STANDING ORDER MANDATE**

To: The Manager,  
(Name of your bank)

Address of your bank:

Please pay: **HSBC** Branch: **LEEDS CITY**

Sort Code: **40-27-15** Beneficiary's A/c No. **11675141**

Beneficiary's Name:

Ref. for Statement: **X**

The sum of: (in words) **£**

Date of first payment

And, thereafter on the

Payable: **Monthly/Quarterly/Annually**

Until further notice or date of last payment to be:

Name of Account to be debited:

Sort Code	-	-	-	A/c No				
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Special Instructions

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**HOW MUCH IS MY DONATION INCREASED BY COMPLETING A GIFT AID?**

**X In Ref. box, please add your initial and surname and codes for offering:**

**O = Offertory**  
**K = Katangi**  
**H = Hall Fund**  
**and frequency**  
**W=Weekly**  
**M=Monthly**  
**A=Annual**  
**x1 = One Off**  
**eg: R Smith O M**

Given each week £	Equals per Year £	Tax Reclaim per year from HMRC (20%) £	Total value of Giving with Tax Reclaim £
5.00	260.00	65.00	325.00
10.00	520.00	130.00	650.00
15.00	780.00	195.00	975.00