

GIFT AID DECLARATION

PLEASE PRINT: Title _____ Full name: _____

Address: _____

_____ Post Code: _____

Telephone Home: _____ Mobile: _____ Work: _____

I confirm that I am a UK taxpayer, Please treat all donations I make to Stillwaters Pregnancy Crisis Centre in the past 6 years, and all donations I make from the date of this declaration, as GIFT AID donations, until I notify you otherwise.

Signed: _____ Date: _____

Gift-Aid is applicable to gift of any size. There is no minimum amount.

- Please notify Stillwaters Pregnancy Crisis Centre if you change address.
- You can cancel this declaration at any time by notifying Stillwaters Pregnancy Crisis Centre.
- You must be paying UK income tax and/or capital gains tax equal to or greater than the amount of tax Stillwaters Pregnancy Crisis Centre reclaim on your donations.
- If you stop paying tax please let Stillwaters Pregnancy Crisis Centre know in writing.
- If you pay higher rate tax you must include all your gift aid donations on your self-assessment tax return if you want to receive the additional relief due to you.

I enclose a gift of £ _____ as a Gift Aid donation; OR

I wish to make a regular donation by Standing Order.

STANDING ORDER FORM

PLEASE PRINT: To: (name of your Bank) _____

Bank Branch Address _____

_____ Post Code: _____

Please set up the following monthly standing order:

From: (Your name) _____

Address: _____

_____ Post Code: _____

Branch Sort Code:

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 Account Number:

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Amount in Words: _____

Start Date: _____

Signed: _____ Date: _____

Pay to: Stillwaters, Lloyds TSB, Alcester Road South, Kings Heath, Birmingham, B14 7PU
Account number: 0530052 Branch Sort Code: 30 94 74

Stillwaters Reference (office use):	BANK Please quote reference:
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