

My Church Giving



Thank you for renewing your giving and for your continuing support for which we are extremely grateful. We couldn't open our doors without you!

My Pledge

I wish to give to St Mary's Church Sheriffhales £_____.

Weekly by envelope scheme
Monthly by standing order
Quarterly

Please tick boxes as appropriate

For Weekly envelopes call David Dakin on 01952 810817 and he will arrange some for you.

Gift Aid Declaration for Regular Giving

St Mary's Church Sheriffhales PCC

If you are a UK taxpayer and eligible to Gift Aid your donation, please complete the form below and give it to one of the church staff or post it to The Treasurer C/O Vicarage, Manor Close Shifnal TF11 9AJ. This will increase your gift by 25p for every £1 given (at current rate), at no extra cost to you or us. Thank you.

Please treat as Gift Aid donations all qualifying gifts of money made from the date of this declaration and in the past four years. 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.

Title _____ Full Name: _____

Address _____

_____ Postcode: _____

Signature: _____ Date: _____

NOTES

1. Please notify the church/PCC if you: • Want to cancel this declaration • Change your name or home address • No longer pay sufficient tax on your income and/or capital gains. Gift Aid is linked to basic rate tax, currently 20%, which allows charities to reclaim 25p for every £1 donated.
2. 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.

St Mary's Church Sheriffhales is a Charity exempt under the legislation

NB This form should be returned to The Vicarage, Manor Close, Shifnal. TF11 9AJ

Standing Order Form

Please send to your bank to allow them to set this up

STANDING ORDER

This replaces all previous standing orders to St Mary's Church Sheriffhales PCC

Your name and address: Only one name can be used.

Title: _____	Initials: _____	Surname: _____
Address: _____		
Postcode: _____	Tel: _____	

I wish to pay **Sheriffhales PCC** the sum of

Monthly Quarterly Annually

To the Manager of (your bank).....

At (bank address).....Postcode.....

Your account no to be debited
Sort code - -

Please pay **Sheriffhales PCC** –the sum stated at the frequency indicated above Starting on
and thereafter until further notice / /20

Payable to

Account: 21270451 Sort code: 40 34 34 Account name: Sheriffhales PCC

Signature

THANK YOU