

Gift Aid Declaration Form

(...for donations to an Elim EFGA church)

A. YOUR DETAILS	
MR / MRS / MS	
FIRST NAMES*	
SURNAME*	
HOME Address*	
TOWN/CITY*	
POSTCODE*	
EMAIL ADDRESS	
TELEPHONE	
*Required information	on – these fields must be completed
process, in accorda email dpo@elimhq	to ensuring that your privacy is protected and that data collected will only be used for our legitimate interest, including the Gift Aid ince with our privacy policy. See this in full at www.elim.org.uk/privacypolicy or ask for a copy from our Data Protection Officer. International Centre, De Walden Road, MALVERN WR14 4DF. All personal data ithin this form will only be kept as long as necessary.
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	er? Increase your gift's value by 25% at no extra cost to you. Frate tax payer you can also recover the difference between the basic rate we recover and the higher rate you pay
Gift Aid is only	applicable if you're a UK tax payer
B. GIFT AIL	D DECLARATION (for completion by an individual UK Tax payer)
After reading	the following statement, please choose ONE declaration option (tick ☑):
than the am understand t	ex payer and understand that if I pay less Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April, nount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference. It is the charity will reclaim 25p of tax on every £1 that I give. In a constant of the current tax year (6 April), ons from the start of the current tax year (6 April), ons from
_	Amount Only — I wish Elim to treat as Gift Aid, the amount of £ given(DD/MM/YYYY) ag this limitation would require a fresh declaration for any future donations)
Signature	Date
C. BENEFIT	TTING CHURCH/DEPT: (office use)
Elim Church Code: _	Name of Church or Dept:
Local reference:	Elim Finance Dept. GAD reference

Elim Foursquare Gospel Alliance, Registered Charity 251549 (England and Wales) SC037754 (Scotland) ELIM INTERNATIONAL CENTRE, DE WALDEN ROAD, MALVERN WR14 4DF