



# GIFT AID ARE YOU A UK TAX PAYER?

WS

If so, you can make your gift worth 25% more,  
so every £1 you give could be worth £1.25 to us at no extra cost to you.

GIFT AID DECLARATION GRANGE AREA TRUST	Notes
<p><b>Details of Donor</b></p> <p>Full name.....Title.....</p> <p>Address.....</p> <p>.....Post Code.....</p> <p>Telephone No.....e-mail.....</p>	<ol style="list-style-type: none"> <li>GAT will reclaim tax on your donation at the basic tax rate, currently 25p for each £1 you give.</li> <li>You must pay an amount of income tax and/or capital gains tax at least equal to the tax that GAT will reclaim on your donation/s in each tax year.</li> <li>If you pay tax at the higher rate, you can claim further Tax relief through your self-assessment tax return.</li> <li>You can cancel this declaration at any time by notifying the Hon Treasurer.</li> <li>If your circumstances change and you no longer pay tax you should cancel your Gift Aid declaration.</li> <li>If you change your name or address, please notify the Hon Treasurer.</li> </ol>
<p><b>Details of Donation</b></p> <p>I would like The Grange Area Trust to treat the enclosed gift of</p> <p>£..... as a Gift Aid donation.</p> <p><b>Please tick</b></p> <p><input type="checkbox"/> I would like the Grange Area Trust to treat all donations I have made in the last four years, and all donations I make from the date of this declaration, until I notify you otherwise, as Gift Aid donations. I confirm that I pay the amount of UK income or capital gains tax at least equal to the tax that the Grange Area Trust will reclaim.</p>	
<p>Signed.....Date.....</p>	

## STANDING ORDER AUTHORITY

	Notes
<p>To: The Manager.....Bank</p> <p>.....Post Code.....</p> <p>This Standing Order is <i>a new*/an additional*/a replacement to an existing*</i> Standing Order in favour of The Grange Area Trust.</p> <p>Lloyds TSB      Sort Code 30 94 28      Account Number 35631560</p> <p>The sum of £.....</p> <p>(amount in figures)      (amount in words)</p> <p>commencing.....</p> <p>and thereafter every <i>week*/month*/quarter*/half year*/year*</i>, until you receive further notice in writing, and debit my account accordingly.</p> <p>Name of Account to be debited.....</p> <p>Account No.....Sort Code.....</p>	<p>Enter the name and address of your bank.</p> <p><i>*Delete as necessary</i></p> <p>Enter the amount of each payment</p> <p>Enter the date of first payment</p> <p><i>*Delete as necessary</i></p> <p>Complete your bank account details and sign and date the form.</p>
<p>Signed.....Date.....</p>	
<p><b>DATA CONSENT</b></p> <p>GAT uses personal data for the purposes of managing the charity and its fund raising activities. Data may be retained for up to 7 years for accounts purposes and for longer where required by the GAT's insurers. If you would like to find out more about how we use your personal data or want to see a copy of information about you that we hold please contact the Hon. Secretary. Can you please confirm that you are happy for GAT to retain the information you have given:</p> <p>I consent to GAT retaining the information which I have provided.....(signed)</p> <p>.....(date)</p>	

Please send the completed form to: Hon. Secretary, Grange Area Trust, Brambles, Grange Road, Widmer End, High Wycombe, HP15 6AD  
01494 713454    lyn.marchant@btinternet.com