# 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 – these fields must be completed**

**Privacy Statement**

Elim is committed to ensuring that your privacy is protected and that data collected will only be used for our legitimate interest, including the Gift Aid process, in accordance with our privacy policy – see this in full at **www.elim.org.uk/privacypolicy** or ask for a copy from our Data Protection Officer; email **dpo@elimhq.net** or write to **The Data Protection Officer, Elim International Centre, De Walden Road, MALVERN WR14 4DF**. All personal data collected by Elim within this form will only be kept as long as necessary.

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**Are a UK tax payer? Increase your gift's value by 25% at no extra cost to you.**
**If you are a higher rate 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 AID DECLARATION (for completion by an individual UK Tax payer)

**After reading the following statement, please choose ONE declaration option (tick☑):**

***I am a UK tax payer and understand that if I pay less Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference. I understand the charity will reclaim 25p of tax on every £1 that I give.***

❑ ***Enduring Declaration** – I wish Elim to treat as Gift Aid, all my donations from the start of the current tax year (6 April), or all donations from DD / MM / YYYY and thereafter.*

**OR**

❑ ***Single Amount Declaration** – I wish Elim to treat as Gift Aid, only the amount of £_____ given on DD / MM / YYYY.*

**(Selecting this limitation would require a fresh declaration for any future donations)**

***Signature*** ***Date***

## C. BENEFITTING CHURCH/DEPT: (office use)

**Elim Church Code:** CC022 **Name of Church or Dept.** Elim Pentecostal Church Croydon

**Local reference: _____ Elim Finance Dept. GAD reference _____**