



Charity Gift Aid Declaration – Multiple Donation

Boost your donation by 25p of Gift Aid for every £1 you donate.

Gift Aid is reclaimed by the charity from the tax you pay for the current tax year. Your address is needed to identify you as a current UK tax payer.

In order to Gift Aid your donation you must tick the box below:

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I want to Gift Aid my donation of £_____ and any donations I make in the future or have made in the past 4 years to:

Name of Charity: Pearls of Grace Ministries Charity

I am a UK tax payer and understand that if I pay less Income Tax and/or capital Gains Tax then the amount of Gift Aid claimed on all my donations in that tax year, it is my responsibility to pay any difference.

My Details:

Title: _____ First name or initials(s): _____

Surname: _____

Address: _____

Post Code: _____

Date: _____

Signature: _____

Please notify the charity if you:

- Want to change this declaration
- Change your name or home address
- No longer pay sufficient tax on your income and/or capital gains



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 you Gift Aid donations on your Self-Assessment tax return on ask HM Revenue to adjust you tax code.

Please return this form via post to:

10 Heathfield Avenue
HAILSHAM
East Sussex
BN27 3PP

Or digitally to: pearlsofgraceministries.org@gmail.com

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Data Protection

Legislation effective from May 2018 means that you have more clarity and choice about personal information that organisations hold about you. To ensure that Pearls of Grace Ministries Charity is compliant with these laws and that your data is treated with care and respect, we need you permission to retain personal information that you provide to us, so ensuring that we only contact you because you have agreed that we can.

If you are happy for us to contact you and so retain personal information about you, please confirm your details and sign below.

Name:.....

Address:.....

Phone:.....

Email:.....

Preferred form of contact if you do not want to receive e-mail from us: _____

Sign: _____