

# DONATIONS & GIFT AID FORM



Charity Reg. No 279962

I would like to make a one-off gift or regular gift to Christian Family Concern.  
(Complete the Banker's order form below or set up a standing order or a one-off donation directly with your Bank)

I enclose my gift of £..... by cheque/CAF voucher made payable to Christian Family Concern, (please do not send cash).

**If you wish to GIFT AID your donation to CFC you must tick the box below and complete Donor details, sign and date.** Please return form to Christian Family Concern.

I want to Gift Aid any donation made today, any donations I make in the future or have made in the past 4 years.

**DECLARATION I CONFIRM** 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 (6 April to 5 April), it is my responsibility to pay any difference. The charity will reclaim 25p of tax for every £1 given under this declaration.

Title..... Forename..... Surname..... (Block capitals)

Address.....Post Code

Signed..... Date...../...../..... **Please notify Christian Family Concern if you:**

(a) want to cancel this declaration; (b) change your name or address; (c) no longer pay sufficient tax on your income and/or capital gains.

**THANK YOU FOR YOUR GIFT.** Please tick if you require a receipt

**I would like to continue to receive regular copies of the CFC newsletter YES  NO**

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.

---

## BANKER'S ORDER

From: (Mr/Mrs/Miss/Ms/Revd/Dr) .....

To the Manager: (Your bank name and Address) .....

.....

.....Post Code.....

Please pay Christian Family Concern - Barclays Bank PLC, 1 North End, Croydon CR9 1RN

**Account Name: CHRISTIAN FAMILY CONCERN**

**Sort Code: 20-24-61**

**Account No. 20234575**

The sum of £..... (figures)..... (in words)

\*monthly/quarterly/half-yearly/annually (\*Please delete as applicable)

commencing on ...../...../.....(dd/mm/yy) until further notice. Reference (Surname/Donation)

Please debit my account no.         Sort Code   -   -

Account name.....

Signed..... Date...../...../.....

**Please complete the details and return form to Christian Family Concern at  
Wallis House 42 South Park Hill Road SOUTH CROYDON CR2 7YB**