

Gift Aid Declaration

Name of Charity : **Ballysillan Youth For Christ Community Drop-in Centre**
Inland Revenue Ref: **XR5155**

Details of Donor:

Title _____ Forename(s) _____ Surname _____

Address _____

Post Code _____

I wish Ballysillan Youth for Christ Community Drop-in Centre to treat

*the enclosed donation of £ _____

*all donations I make from the date of this declaration until I notify you otherwise

*all donations I have made since 6 April 2008 and all donations I make hereafter and until I notify you otherwise

as Gift Aid donations.

**delete as appropriate*

Signed _____ Date / / 201

Notes

If your declaration covers donations you make in the future:

- please notify BYFC if you change your name or address while the declaration is in force
- you can cancel the declaration at any time on notifying BYFC – it will then not apply to donations you make on or after the date of cancellation or such later date as you specify.

You must pay to the IR an amount of income tax or capital gains tax at least equal to the tax that BYFC reclaims on your donations (currently 20p for every £1 you give) in a tax year.

If in the future your circumstances change and you no longer pay tax on your income and capital gains equal to the tax that BYFC reclaims, please let BYFC know, as your declaration may then have to be cancelled.

If you pay tax in the higher rate you can claim further tax relief in your Self Assessment tax return.

If you are unsure as to whether or not your donations qualify for Gift Aid tax relief, ask BYFC, check out <http://www.hmrc.gov.uk/individuals/giving/gift-aid.htm> or ask your local tax office.

Banker's Order

To _____ Bank Ltd. _____ Branch

Branch Address _____

Please pay on _____ (date of first payment) Ulster Bank, 393/395 Antrim Road, Belfast, BT15 3EG (SORT 98-00-11),

the sum of £ _____, for the credit of BALLYSILLAN COMMUNITY DROP-IN CENTRE, Account No. 04254355, quoting BYFC's reference _____

and make similar payments monthly / quarterly / annually* until this order is cancelled, charging such payments to my

account numbered: _____

Name _____ Address _____

Post Code _____

Signature: _____ Date: _____