



Giving to St T's Heart of the City Project

To help us plan the project finances, please indicate how you aim to give, and if you are a tax payer, please include the Gift Aid form so that we can reclaim an additional 25p on every £1 you give.
 Please complete **all options that apply**.

Option 1: This is my/our first pledge.

I / we pledge to give a total of £..... over the next years in the form of:

- A. An immediate gift of £....., and/or
- B. Regular gift (s) of £..... monthly / quarterly / annually from until (insert dates),
- C. Or in the form of lump sums of £ in 2019, and £..... in 2020.

(To avoid confusion please do not include any immediate gift recorded in (A) above, in section (C).

Option 2: I/we have already pledged a total of and intend to fulfil this pledge.

(If you need to alter this original pledge, please include details on a separate sheet).

In addition, I/we now pledge to give an extra £..... over the next years in the form of: (please only record *additional* pledges here)

- A. An immediate gift of £....., and/or
- B. Regular gift (s) of £..... monthly / quarterly / annually from until (insert dates),
- C. Or in the form of lump sums of £ in 2019, and £..... in 2020.

(To avoid confusion please do not include any immediate gift recorded in (A) above, in section (C).

Option 3: I intend to raise money for the Heart of the City Project through my own fundraising / sponsorship activities. My target sponsorship amount is..... and I intend to give the money raised to the church by (date)

To be completed by all:

I consent to be contacted by members of the financial team only if clarification is needed with regards to my pledged intentions.

Name (s) *

e-mail..... * (or alternative contact details if no e-mail)

*This information will remain confidential to the finance team. Some givers may prefer to be anonymous, but please be aware that we cannot reclaim gift aid if you withhold your name.

Please seal this pledge form in an envelope labelled 'Heart of the City Project' and return via the collection bags, or to the church office.

Please make cheques payable to St Thomas's PCC Lancaster, and mark them 'Heart of the City Project' on the back. To give by electronic bank transfer or standing order, please use the bank details printed on the Standing Order Mandate.

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

By completing this form, Gift Aid can be reclaimed by St Thomas's Church, Marton Street, Lancaster from the tax you pay for the current year.

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

Please treat as Gift Aid donations all qualifying gifts of money made from the date of this declaration and any donations I make in the future.

I am a UK taxpayer and understand that if I pay less Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations to all charities in that tax year it is my responsibility to pay any difference.

FULL NAME (Please print) _____

ADDRESS (Including postcode) _____

_____ Post Code _____

SIGNATURE _____ DATE _____

Notes: Please notify the Church if you want to cancel this declaration, change your name or home address; or no longer pay sufficient tax on your income/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 your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.



STANDING ORDER MANDATE			
To:- [Insert the name of your bank]	Bank	Branch	
Please tick the relevant box			
This is a new instruction		This is an amendment to a current Standing Order	
Account to be debited [your details]			
Your Bank Sort code & Account number	-	-	
Your Account Name			
Beneficiary			
Please pay to:	CAF Bank		
sort code	40 - 52 - 40	account no.	00030499
account name	St Thomas's PCC Lancaster		
Reference	HOTC + <Your name>		
Payment details			
Amount of first payment	£	Date of first payment	
And then (amount of usual payment)	£	Date of usual payment	
WEEKLY, MONTHLY, QUARTERLY, ANNUALLY** delete as appropriate			
until [date of last payment]		or until further notice**	fill in date or cross through or **
Your usual signature		Contact telephone number	