

# VERULAM SCHOOL PTA GIFT AID APPEAL

Charity No: 1023584

For PTA use: Donor No \_\_\_\_\_

## GIFT AID DECLARATION

*Full name, address including Post Code & telephone in BLOCK CAPITALS* | (Donor's name) (Title, Forename & SURNAME) .....  
Of (Donor's address) .....  
..... Tel No: .....

want the charity to reclaim tax on my Gift Aid donation as follows:

*Please tick as applicable – one or more may apply*

- the enclosed donation of £ .....
- the donation(s) of £ ..... which I made on ..... / ..... / 20 ... (Date of Donation)
- all donations I have made since 6 April 2000, and all donations I make from the date of this declaration until I notify you otherwise.
- all donations I make under the Bankers Order below

Signature ..... Date ..... / ..... / 20 .....

### EXPLANATORY NOTES:

1. You must pay an amount of income tax and/or capital gains tax at least equal to the tax that the charity reclaims on your donations in the tax year
2. You can cancel this declaration at any time by notifying the charity.
3. If in the future your circumstances change and you no longer pay tax on your income and capital gains equal to the tax that the charity reclaims, you can cancel your declaration (see note 1)
4. If you pay tax at the higher rate you can claim further tax relief in your self-Assessment tax return.
5. If you are unsure whether your donations qualify for Gift Aid tax relief, ask the charity or ask your local tax office for leaflet IR65 or see the Inland Revenue website - [www.inlandrevenue.gov.uk](http://www.inlandrevenue.gov.uk)
6. Please notify the charity if you change your name or address

## BANKER'S ORDER In favour of VERULAM SCHOOL PTA

To: The Manager of ..... Bank plc

*Your Bank*

Branch Address .....

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

Please pay to **BARCLAYS BANK PLC, ST ALBANS BRANCH, PO Box 104, St Albans, Herts AL3 4DZ** for the credit of **VERULAM SCHOOL PARENT TEACHER ASSOCIATION** a/c no: **10922498**, Sort Code **20-74-09**

*Amount in figures and words*

The sum of £ ..... (.....pounds)

*Date of first payment*

On the first ..... day of ..... 20 .....

*Period Date of last payment*

and a like amount each month / quarter / year (*delete as applicable*)

Until the ..... day of ..... 20 .....

*No of payments*

Total number of payments .....

*PTA will fill this in*

Quote Reference: .....

*Signature & date*

Signed ..... Date .....

*Your name & address in BLOCK CAPITALS*

Name .....

Address..... Post Code .....

*Bank account no*

Bank A/C no: .....

IMPORTANT please complete in clearly in BLOCK CAPITALS and send the completed form to:  
PTA - Gift Aid, Verulam School, Brampton Road, St Albans, Herts, AL1 4PR.

Do not send the completed bankers order direct to your bank, we need to log it and add reference code.

Ver Oct03