



Charity Registration No. 1004099

# GIFT AID FORM

## My Details

Full Name: \_\_\_\_\_

Childs Name : \_\_\_\_\_

Childs Form: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Post Code: \_\_\_\_\_

### **Gift Aid Declaration**

*I would like **St Augustine's RC High School** to treat all donations I make from the date of this declaration until I notify you otherwise, as Gift Aid Donations.*

Signature: \_\_\_\_\_ Date of declaration: \_\_\_\_\_

### Notes (forming part of the Gift Aid Declaration):

1. You can Cancel this Declaration at any time by notifying us in writing.
2. You must pay an amount in income tax and/or capital gains tax at least equal to the amount reclaimed on your donations in the tax year.
3. If in the future, your circumstances change and you no longer pay income tax and/or capital gains tax in the year equal to the amount reclaimed annually, you must notify the school
4. If you pay tax at the higher rate, you can reclaim further tax relief on your Self-Assessment Tax Return