

Gift Aid Declaration The Oxford Pastorate [Charity Number: 1136848]	
<u>Details of Donor</u> Full Name: _____ Title: _____ Address: _____ _____ _____ _____ Postal Code: _____	
<u>Details of Donation</u> ♦ I want the Oxford Pastorate to treat all donations I make from the date of this declaration until I notify you otherwise as GIFT AID donations.	
Signed: _____ Date: _____	

Notes	
1	The Pastorate will reclaim tax on your donation at the basic tax rate, currently 28p for each £1 you give.
2	You must pay an amount of income tax and/or capital gains tax at least equal to the tax that the Pastorate will reclaim on your donations in each tax year.
3	If you pay tax at the higher rate you can claim further tax relief through your Self-Assessment tax return.
4	You can cancel this declaration at any time by notifying the Administrator: office@oxfordpastorate.org
5	If your circumstances change and you no longer pay tax you should cancel your Gift Aid declaration.
6	If you change your name or address please notify the Administrator: office@oxfordpastorate.org

The Oxford Pastorate
 33 Jack Straws Lane, Oxford,
 OX3 0DL

Standing Order Authority				
To : The Manager, _____ Bank _____ _____ _____ Post Code _____				
This Standing Order <i>is in addition to*</i> / <i>replaces*</i> existing Standing Orders in favour of the Oxford Pastorate account 50586160				
Please pay Lloyds TSB Bank, Carfax, Oxford, sort code 30-96-35 , for the credit of the Oxford Pastorate account 50586160 , the sum of <table style="display: inline-table; border: 1px solid black; margin-left: 10px;"> <tr> <td style="width: 40px; text-align: center;">£</td> <td style="width: 200px; height: 20px;"></td> </tr> </table> <div style="display: flex; justify-content: space-around; font-size: small;"> [amount in figures] [amount in words] </div>		£		
£				
commencing <table style="display: inline-table; border: 1px solid black; width: 200px; height: 20px; vertical-align: middle;"></table>				
and thereafter every Week* / Month* / Quarter* / Half Year* / Year* until you receive further notice in writing, and debit my account accordingly.				
Signed <table style="display: inline-table; border: 1px solid black; width: 150px; height: 40px; vertical-align: middle;"></table>	Name of account to be debited : <table style="display: inline-table; border: 1px solid black; width: 250px; height: 25px;"></table>			
Date <table style="display: inline-table; border: 1px solid black; width: 150px; height: 25px; vertical-align: middle;"></table>	Account No. <table style="display: inline-table; border: 1px solid black; width: 150px; height: 20px;"></table> Sort Code <table style="display: inline-table; border: 1px solid black; width: 150px; height: 20px; text-align: center;"> <tr> <td style="width: 30px;">—</td> <td style="width: 30px;">—</td> <td style="width: 30px;">—</td> </tr> </table>	—	—	—
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Notes	
Enter the name and address of your bank	
* Delete as necessary	
Enter the amount of each payment	
Enter the date of the first payment	
* Delete as necessary	
Sign and date the Standing Order Authority, and complete your bank account details	

Please send the completed form to Administrator, 33 Jack Straws Lane, Oxford, OX3 0DL. Please do not send it directly to your bank.

