

## Promise Form and Gift Aid Declaration

(You can alter your giving at any time should your circumstances change)

### To West Bridgford and South Nottingham Debt Centre

Name .....  
(Capitals) Title Forenames Surname

(If you are giving through Gift Aid, please enter only one person's name above)

Address .....

.....

..... POST CODE .....

I would like to give  Each Month / Quarter / Year.

I choose to give by :

Bank Standing Order

Other (Please specify) .....

Yes, I am a UK taxpayer and I agree to West Bridgford and South Nottingham Debt Centre claiming tax on all past, present and future donations I make to the Church. Please treat my donations as Gift Aid qualifying donations.

**By ticking this box** I confirm that I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year that is at least equal to the amount of tax that all the Churches, Charities or Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for that tax year (6th April one year to 5th April the next year). I understand that other taxes such as Council Tax and VAT do not qualify towards Gift Aid. I understand to West Bridgford and South Nottingham Debt Centre will reclaim 25p of tax for every £1 that has been given.

Signature..... Date .....

Please notify us if you want to cancel this declaration, if you change your name or address or if you no longer pay sufficient tax on your income or capital gains.

If you have chosen to give by Bank Standing Order, please tick the box below **OR** complete the form opposite, as appropriate.

**I have arranged the Bank Standing Order payments by phone or internet banking, and these payments will start on.....**

West Bridgford and South Nottingham Debt Centre  
18 Florence Road, West Bridgford Nottingham NG2 5HR Registered Charity 1174278

## Standing Order Form for West Bridgford and South Nottingham Debt Centre

You **DO NOT NEED** to complete the form below if you are setting up your Standing Order directly with your bank through internet or phone banking.  
Do complete this form if you wish West Bridgford and South Nottingham Debt Centre to pass your instruction to the bank.

To the Manager.....Bank plc.,

Address .....

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

Account Number \_\_\_\_\_ Sort Code \_ - \_ - \_ -

Name of Accountholder(s).....

Address .....

.....Postcode.....

Please pay to:

TSB Bank plc  
West Bridgford Branch, PO Box 1000, BX4 7SB

A/C Name: West Bridgford and South Nottingham Debt Centre

Account Number 04080668 Sort Code 77-22-43

Monthly Quarterly Yearly payments of :-

(Please circle preference)

£..... (.....pounds .....p)

Starting on the ..... day of .....20.....  
and continue these payments until further notice.

(Please choose a start date at least one month from today to allow time for processing)

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

**This Standing Order replaces any existing Standing Order payable to the same recipient with effect from the above starting date.**

