

**PARISH OF ST. MICHAEL'S  
PLANNED GIVING FORM  
Part One - GIFT AID DECLARATION**

To the Parochial Church Council of St Michael's Church, North Rode.

This declaration confirms my wish to make donations to St Michael's Church, North Rode, under the Gift Aid Scheme, whereby St Michael's can reclaim 25p for every £1 donated.

Please treat as Gift Aid donations all qualifying gifts of money made from the date of this declaration and in the past four years. I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

I confirm that I am a UK taxpayer, resident in the UK for tax purposes, and that I will advise St Michael's if this situation changes.

*Please complete your name and address and contact details in CAPITALS:*

Title: ..... First name: ..... Surname: .....

Address: .....

.....Postcode: .....

E-mail: ..... Telephone: .....

**Signed:** ..... **Date:** .....

*Please select one of the following:*

**I wish to make regular payment by banker's order at £..... per .....**

*Please complete Part Two below if you wish to pay by Banker's order.*

**I wish to make regular payments by weekly envelopes**

**I enclose a donation of £.....**

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**Part Two - BANKER'S ORDER**

*Please fill in the name and address of your bank in CAPITALS*

To:.....(Bank)

Address: .....

.....Postcode: .....

Please pay to the PCC of North Rode, Account no: 00020047, sort code 40-52-40 (CAF Bank Ltd.)

The sum of £..... (.....) (amount in words)

To be paid on the..... day of..... 20..... and a like sum

*(Please select one of the following) (\*delete as appropriate)*

**Annually** on the..... day of..... \*until further notice /or \*for the next..... years

**Quarterly** on the..... day of each third month\*until further notice /or \*for the next..... years

**Monthly** on the..... day of each subsequent month \*until further notice /or \*for the next..... years

The following orders in favour of this payee are hereby cancelled: .....

Name of account to be debited: .....

Account no:

Sort code:

Signed: ..... Date: .....

*Please return form to the PCC Treasurer, Gateway Cottage, North Rode, Congleton CW12 2NY*