

LEICESTERSHIRE HISTORIC CHURCHES TRUST

(Regd. Charity 233476)

To make a donation, please return this form with your gift to:-

*The Treasurer, LHCT, Chapter House, 2 Quarryman's Court,
MARKFIELD LE67 9XQ. Thank you.*

Your contact details (please complete in BLACK ink in CAPITALS)

Full name

Address

.....Postcode

Email/Telephone

Your gift to the LeicesterShire Historic Churches Trust

(please complete/delete sections as appropriate)

I wish to give £..... monthly/quarterly/annually until further notice

starting on (date)

To give by Standing Order please complete the form opposite.

I enclose £..... as a one-off donation

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GIFT AID DECLARATION

If you are a UK taxpayer and eligible to Gift Aid your donation, please complete the declaration below. This will increase your gift by 25p for every £1 given at no extra cost to you or us. Thank you.

Please treat as Gift Aid donations all qualifying gifts of money to LHCT 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.

Signed **Date**

NOTE: Please notify LHCT if you

- want to cancel this declaration
- change your name or home address
- no longer pay sufficient tax on your income and/or capital gains

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your self-assessment tax return or ask HM Revenue and Customs to adjust your tax code.

STANDING ORDER FORM to LeicesterShire Historic Churches Trust

Your bank and account details (please complete in BLACK ink in CAPITALS)

Account name

Sort Code Account No.

Bank name

Bank address

..... Postcode

Please pay the sum of £ (figures)

..... pounds pence **(words)**

on the day of 201...

(It would be helpful if this date is at least 2 weeks later than the date of signature below)

and thereafter at [monthly] [quarterly] [yearly] intervals.

(please delete words in square brackets as appropriate)

to:- (Account name) **Leicestershire Historic Church**

CAF Bank, 25 Kings Hill Avenue Kings Hill, West Malling, ME19 4JQ

Sort Code 40-52-40 Account No. 00020977

and debit my/our account quoting my/our Account Name as reference.

This Standing Order supersedes any existing Standing Order I/we may have in favour of the above account due on or after the above date.

Signed

Signed

Date

Please return this form to:- The Treasurer, LHCT, Chapter House, 2 Quarryman's Court, MARKFIELD LE67 9XQ. (Please do not send this form to your bank.)