

**Regular Payment Form**

**The Gift Aid Declaration**

**I confirm I have paid or will pay an amount of Income tax and/or Capital Gains Tax for each year (6 April – 5 April) that is at least equal to the amount of tax that all the charities or Community Amateur Sports Clubs (CASCS) that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand that the charity will reclaim 25p of tax on every £1 that I give.**

 **Please tick, if applicable **

**Donors Account Details:**

Name/s of Accountholder/s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name & Postal address of your bank/building society

Bank Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Donors Bank/Building Society Account Details:**

Account No. ****

Sort Code **--**

In the reference please provide your initials followed by the code FoFP16



**Account Details of Beneficiary:**

**Fleet Phoenix Account Details**

Account No. **53717534** Sort Code **20-16-99**

First date of payment: \_\_/\_\_ /20\_\_\_ Last date of payment: \_\_/\_\_ /20\_\_ or please continue until further notice ****

Amount £\_\_\_\_\_\_\_\_\_\_

Frequency of Standing Order (tick one) **Weekly  Monthly  Annually **

Donor Signature/s \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_/ \_\_\_/20\_\_\_

Donor Contact Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Donor Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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