

Donor No.	
Assembly No.	



Gift Aid Declaration

Name of Charity: **Assemblies of God Incorporated**
DETAILS OF DONOR --

Title
Forename(s)
Surname
Address

Post Code

AOG Mission
MISSIONARY – Phil & Rachel Bowyer

*I want **Assemblies of God Incorporated** to treat all donations I have made since 6 April 2007, and all donations I make from the date of this declaration until I notify you otherwise as Gift Aid donations.*

Donor's signature

Date

Notes

1. You can cancel this declaration at any time by notifying Assemblies of God – it will then not apply to donations you make on or after the date of cancellation or such later date as you specify.
2. Please let Assemblies of God know if you change your name or address while this declaration is still in force.
3. You must pay an amount of income tax and/or capital gains tax at least equal to the tax that Assemblies of God reclaims on your donations in the tax year.
4. If in the future your circumstances change and you no longer pay tax on your income and capital gains equal to the tax that Assemblies of God reclaims, you can cancel your declaration (see note 1).
5. If you pay tax at the higher rate you can claim further tax relief in your Self Assessment tax return.
6. If you are unsure whether your donations qualify for Gift Aid tax relief contact the Finance Department of Assemblies of God (see below for address). Alternatively you can ask your local tax office for leaflet IR113 *Gift Aid*.
7. Under the Gift Aid scheme, there are restrictions on giving to a missionary who is a close relative (i.e.) your child, grandchild, parent, grandparent, brother, sister or the spouse of any of these). If you are considering doing this, please check first with our office.

Assemblies of God Incorporated
STANDING ORDER FORM for SOUL ACTION SOUTH AFRICA

Purpose: (please tick)

Project

Personal support

To the Manager of:
(your bank name)

Address:
(your Bank Address)

Please pay to : Account: Assemblies of God Inc. World Ministries
Sort Code: **20-63-25**
Account No. **10125830**
Address: Barclays Bank, 2 High Street, Nottingham NG12EN

Reference:
(office Use Only)

The Amount of: (Words)

The Amount of: (Figures)

Frequency of Payment:
(please tick)

Monthly

Quarterly

Yearly

With effect from:

Until further notice.

Please Debit My / Our Account:

A/C Name:

A/C Number:

Sort Code:

Your Address:

Post Code:

Signature(s):

Date:

PLEASE CANCEL EXISTING STANDING ORDER TO RBS FOR £

PLEASE RETURN TO: AoG National Ministry Centre, Mattersey Hall, Retford Road, Mattersey, DN10 5HD