



## MR / MRS / MS

**\*Required information – these fields must be completed**

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**GIFT AID DECLARATION** (for completion by an individual UK Tax payer)

***I am a UK tax payer and understand that if I pay less Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference. I understand the charity will reclaim 25p of tax on every £1 that I give.***

- ☐ **Enduring Declaration** – I wish Elim to treat as Gift Aid, all my donations from the start of the current tax year (6 April), or all donations from DD / MM / YYYY and thereafter.

☐ **Single Amount Declaration** – I wish Elim to treat as Gift Aid, only the amount of £\_\_\_\_\_ given on DD / MM / YYYY.  
(Selecting this limitation would require a fresh declaration for any future donations)

Date DD / MM / YYYY

Name of Church or Dept: **Aberystwyth**

Elim Finance Dept. GAD reference:

ELIM GIFT AID DECLARATION FORM | EFGA-GADFM A4 CHOICE v.2025