**ROMAN CATHOLIC DIOCESE OF NOTTINGHAM**

Willson House, Derby Road, NOTTINGHAM, NG1 5AW Telephone: 0115 953 9843

Facsimile: 0115 953 9805 Email: [giftaid@nrcdt.org.uk](mailto:giftaid@nrcdt.org.uk)

(This information will be held in accordance with the Data Protection Policy and Privacy notice on the Diocese of Nottingham website at [www.dioceseofnottingham.uk](http://www.dioceseofnottingham.uk))

**GIFT AID DECLARATION (leave Gift Aid Declaration blank if you are unable to make it)**

Title: ……………… Full forenames: …………………………………….

Surname: ……………………………………………

Full Home address: ……………………………………………

……………………………………………

……………………………………….…..

Post code: ………….… Telephone …………………………………

I want to Gift Aid any donations I make in the future or have made in the past 4 years to Nottingham Roman Catholic Diocesan Trustees (the Charity, Charity number 1134449) to benefit the Parish or particular purpose as advised below.

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.

Please notify the charity 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.

**Signature: …………………………… Date: ……………………**

**Parish/ Diocesan Fund:……………………………………….**

When completed please return this form to your Gift Aid organiser, Parish Priest or direct to:

Nottingham Diocese

Willson House

25 Derby Road

Nottingham

NG1 5AW

**STANDING ORDER MANDATE**

(This information will be held in accordance with the Data Protection Policy and Privacy notice on the Diocese of Nottingham website at www.dioceseofnottingham.uk)

|  |  |
| --- | --- |
| Bank name |  |
| Bank address including postcode |  |
| Account Name |  |
| Account Number  *usually 8 digits* |  |
| Sort Code  *6 digits* |  |

Please pay: Sort Code: …-…-… Account: …………………

Name of account: …………………………………….……..

*Parish to insert details of its own bank account.*

|  |
| --- |
| the sum of: £  *please also state amount in words* |

|  |
| --- |
| Commencing on:  *Please insert start date*  and thereafter: weekly/monthly/quarterly/ 6 monthly/annually  *please delete as appropriate*  until notified by me in writing, and debit my account accordingly. |

|  |
| --- |
| Quoting Reference to Bank:  ***Diocesan Finance Office to insert*** |

|  |
| --- |
| *Please complete if this applies*  Please cancel my existing standing order for £……..…… to the same beneficiary payable weekly/monthly/quarterly/ 6 monthly/annually). |

**Signature: …………………………… Date: ……………………**

*Please return to:* Your Gift Aid organiser, Parish Priest or direct to Nottingham Diocese, Willson House, 25 Derby Road, Nottingham, NG1 5AW.

**WHAT OTHER FUNDS ARE THERE?**

The Diocesan Funds include:

General Purposes of the Diocese

Clergy Formation Fund – to provide for the training of priests and deacons, for their on-going formation and for an office for the encouragement of vocations.

Poor and Needy Parishes Fund – to help support those parishes which require financial assistance.

Sick and Retired Priests Fund – for the support of the sick and retired priests of our Diocese.

Mission Fund - to support the work of the Church overseas.

Lourdes Pilgrimage Fund – for provision for sick, handicapped and infirm persons wishing to make a pilgrimage to Lourdes.

Housekeepers Retirement Fund – to support retired housekeepers of Diocesan priests.

Diocesan Youth Service – based at Crich in Derbyshire for its work in assisting the young persons of the Diocese to develop spiritually.

(The Sick and Retired Priests Fund, the Housekeepers Retirement Fund and the Diocesan Youth Service are separately constituted charities. Gifts to the Diocese for these purposes are immediately granted on to those charities).

Since New Testament times collections are taken for the needs of the poor and these are usually taken by parishes as second collections.

**LEGACIES**

If you are making a will and are considering a legacy for the Church the following form of legacy is recommended:

I give free of tax the sum of (*insert amount*) to the **NOTTINGHAM ROMAN CATHOLIC DIOCESAN TRUSTEES** (Registered Charity Number 1134449) of Willson House, 25 Derby Road, Nottingham NG1 5AW generally but without imposing any binding trust or legal obligation but with the wish that it be used for (*here insert the beneficiary parish name or the preferred Diocesan fund as listed above)***AND I DECLARE** that the receipt of the Financial Secretary or other proper officer for the time being of the said charity shall be a sufficient discharge to my Trustees.

When completed please return this leaflet to your Gift Aid organiser, Parish Priest, or direct to the Diocese. **(For a standing order please do NOT send it direct to your bank. This is so that we can enter a reference first).**

Nottingham Diocese

Willson House

25 Derby Road

Nottingham

NG1 5AW

Email: giftaid@nrcdt.org.uk

Telephone: 0115 953 9843

Deklaracja Gift Aid

Tytuł

Imiona (wszystkie)

Nazwisko

Adres domowy

Kod pocztowy

Numer telefonu

Chcę, aby każda darowizna, którą przekazałem w ciągu ostatnich czterech lat lub przekażę w przyszłości na konto diecezji rzymskokatolickiej Nottingham (numer organizacji charytatywnej 1134449) była traktowana jako Gift Aid i była przeznaczona na konkretną parafię lub inny cel, zaznaczony poniżej.

Jestem brytyjskim podatnikiem i rozumiem, że jeśli zapłacę niższy podatek dochodowy i / lub podatek od zysków kapitałowych, niż kwota Gift Aid zgłoszona we wszystkich moich darowiznach w tym roku podatkowym, to ja muszę dopłacić różnicę.

Prosimy o powiadomienie diecezji jeżeli:

Chcesz anulować niniejszą deklarację

Zmieniłeś nazwisko lub adres domowy

Twoje dochody, a co za tym idzie podatki i / lub zyski kapitałowe są mniejsze i niewystarczające

Podpis

Data

Ta darowizna jest przeznaczona na:

(Nazwa parafii lub innego funduszu diecezjalnego)

Po wypełnieniu proszę o zwrot tego formularza do organizatora Gift Aid, księdza parafialnego lub skieruj się do:

Ustanowienie zlecenia stałego – Standing Order

Imię i nazwisko oraz adres wraz z kodem pocztowym

Nazwa i adres banku wraz z kodem pocztowym

Nazwiska na kogo jest konto

Numer konta zazwyczaj 8 cyfr

Sort kod 6 cyfr

Proszę wypełnić, jeśli ma to zastosowanie

Chcę zrezygnować/zmienić moje stałe zlecenia w kwocie £ …… dla tego samego beneficjenta płatną tygodniowo/miesięcznie/kwartalnie/rocznie

Kwota:

Słownie:

Rozpoczynając od

Wstaw datę rozpoczęcia

A następnie: miesięcznie / kwartalnie / rocznie

Proszę o obciążenie mojego konta w w/w kwocie aż do odwołania zlecenia złożonego przez mnie na piśmie.