

Giving form

Please complete and place in the offering basket **in a sealed envelope** one Sunday or return to us at: Finance Team, New Community Church, Central Hall, St Mary Street, Southampton, SO14 1NF.

Donor's details

Title: _____ First name: _____ Surname: _____

Address: _____ Postcode: _____

Phone: _____ Email: _____

Tick payment method: **Standing Order** **Online Bank transfer** **Credit/debit card**
and complete details overleaf.

Gift Aid

Boost your donation by 25p of Gift Aid for every £1 you donate

Gift Aid is reclaimed by the charity from the tax you pay for the current year. Your address is needed to identify you as a current tax payer.

Gift Aid declaration:

Please treat as Gift Aid Donations all qualifying gifts of money made (tick all boxes you wish to apply):

Today In the past 4 years In the future

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.

Signature _____ Date _____

Please notify New Community Network 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

I would like to set up a regular standing order.

As your instruction to your bank or building society to pay by standing order please fill in the following and place in the offering basket **in a sealed envelope** one Sunday or return to us at: Finance Team, New Community Church, Central Hall, St Mary Street, Southampton, SO14 1NF.

To: The Manager _____ Bank PLC

Your Bank's Address: _____ Postcode: _____

Please debit my account:

Name of Account Holder : _____

Sort Code -- Account Number

And credit for the benefit of New Community Network, CAF bank PLC, SORT CODE 40-52-40, Account number 00005807

Congregation/project where funds should be allocated: _____

Payment details:

Amount of payment £ _____ (figures) _____ (words)

First payment date ____ / ____ / ____

And on the same day in each succeeding month/quarter/year* until further notice (* delete as necessary)

Signature _____ Date _____

Online bank transfer

I would like to pay online.

- Choose a payment option from your bank that allows you to add a reference to the project or congregation to which you are giving (e.g. bills payment).
- Please make payment to New Community Network, CAF bank PLC, Sort Code 40-52-40, Account number 00005807.
- In the reference section, indicate clearly the project or congregation to which you are giving (so that we can allocate the funds appropriately).

Credit/Debit card

Please debit my card below:

Name on your card (capitals): _____

Amount of payment £ _____ (figures) _____ (words)

Congregation/project where funds should be allocated: _____

Card Number:

Expiry date: / 3-digit security number:

Signature: _____ Date: _____

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