

# Gift Aid Declaration

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For the Song & Hymn Writers Foundation CIO (Registered Charity No 1170493)

## In order to Gift Aid your donation you must tick the box below:

- I want to gift aid my donation of £\_\_\_\_\_ and any donations I make now or in the future to the Song & Hymn Writers Foundation CIO. 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.

## My Details

Title: \_\_\_\_\_ First name or initial(s): \_\_\_\_\_

Surname: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## NOTES

- 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. Gift Aid is linked to basic rate tax, currently 20%, which allows charities to reclaim 25p for every £1 donated.
- 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.
- All gift aid claimed will be used for SHWF's general funds unless you request otherwise. Any such requests should be emailed to [admin@shwf.org.uk](mailto:admin@shwf.org.uk)

# Standing Order Form

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**TO THE MANAGER** (please print the full name and address of your bank):

## PLEASE PAY TO SONG & HYMN WRITERS FOUNDATION

at CAF BANK LTD  
25 Kings Hill Avenue, Kings Hill,  
West Malling ME19 4JQ

**Sort Code:** 40-52-40  
**Account No:** 00030410

the sum of £\_\_\_\_\_ (in figures) \_\_\_\_\_ (in words)

on \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ (date of first payment)

and on the same date in every month / quarter / year \*

up to and including \_\_\_\_\_ 20\_\_\_\_ / or until further notice\*

\*delete as appropriate

## Please debit my account:

Account Holder/s: \_\_\_\_\_

Account Number:         Sort Code:

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE RETURN THE COMPLETED FORM(S) TO SHWF, 14 Booth End, Loughborough LE11 5EN