



DIOCESE OF CARLISLE

Gift Aid Declaration Form

Parish: _____

Full Name: _____

Address: _____

_____ Postcode _____

- I want the Church to reclaim the tax on all my donations after
...../...../..... (date can be from 6.4.2000 onwards)
dd / mm / year
- I note that I should tell the Church if I do not pay an amount of income tax or
capital gains tax that at least equals the tax deducted from my donations

Signature: _____ Date: _____