

Donation to India team



give with confidence

Thank you for considering donating towards the work of City Life with the ASHA project in New Delhi, India. Please fill in the following form as fully as possible and return to:

City Life Church
PO Box 237
Southampton
SO14 3XA.

First name(s): -----
Surname: -----
Address: -----

Postcode: -----
Date: -----
Donation Amount: £ -----

Is this a one off gift or a regular donation? One Off / Regular *

**please delete as appropriate*

If a one off gift, cheques can be made payable to '**City Life Church**', please mark the back of the cheque India, alternatively if you have online banking you can make pay directly into our account.

Name: City Life Church
Sort Code: 40-42-18
Account No.: 52199629

If you'd like to make a regular donation to support the work of ASHA, please fill in the standing order form below.

If you are a UK tax payer, please also fill in the Gift Aid declaration on the next page.

STANDING ORDER FORM (Please return this form to City Life Church – NOT YOUR BANK)

To the Manager: _____
Bank Address: _____

Full Name: _____
Address: _____

Please pay to the account of : CITY LIFE CHURCH

Sort Code: 40-42-18

Account no: 52199629

HSBC Bank Plc
165 High Street
Southampton

The sum of £ _____ (amount in words)

commencing on the _____ day of _____ and then on the _____ of each MONTH thereafter, until cancelled by me in writing. This is a new Bankers Order.

Name of account to be debited _____
Sort Code _____
Account Number _____

Signature(s) _____
Dated _____

Gift Aid Declaration Form

Charity Name: City Life Church, Southampton

Instructions

1. Fill in your **FULL** name, address and postcode.
2. Read carefully through the statements below, sign and date the declaration.
3. This declaration will permit the above charity to reclaim the Income Tax or Capital Gains tax that you have already paid to the Inland Revenue from all donations you have made from the 6th April 2000.

Name: _____
Address: _____

Gift aid Declaration
No: _____
(for office use only)

Contact Telephone No.

I, the above named person, want all donations I have made since the 6th April 2000 and all donations that I make hereafter to be Gift Aid donations.

I am aware that I must pay an amount of Income Tax or Capital Gains Tax equal to the tax deducted from the donations I make. I will notify the charity if I cease paying tax.

Signed _____

Dated _____