THE WORSHIPFUL COMPANY OF BASKETMAKERS 2011 CHARITABLE TRUST

Clay Hall, Clay Hall Lane, Reigate, Surrey RH2 8LD Registered Charity No 1141986 July 2016

	-	anding Orde as Gift Aid do			s of money n	nade					
То	day	in the pa	ast 4 years	In the	future	Please ti	ck all boxes y	ou wish to app	ly.		
I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities or Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify, I understand the charity will reclaim 28p of tax on every £1 that I gave up to 5 April 2008 and will reclaim 25p of tax on every £1 that I give on or after 6 April 2008.											
Please tick Box 1 or Box 2* 1. I would like my donation to be used for the general giving of the Charity. 2. I would like my donation to be treated as an expendable endowment, which is held on trust to be retained for the benefit of the Charity as a capital fund, and to be expended if, or when required, at the discretion of the Trustees.											
*Should you have ticked both boxes 1 and 2 the donated funds will be divided 50/50.											
	Donor's details:										
Title:	Firs	st name or init	ial(s):		:	Surname:					
Full ho	me a	ddress:									
Postcode:											
Signature: Date:											
Please notify the charity or CASC 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 SelfAssessment tax return or ask HM Revenue and Customs to adjust your tax code. BANKER'S ORDER											
To: Th							Bank PLC				
Address		<u> </u>									
	Postcode:										
Sort Cod	le				Acco	unt number					
On the	1 st da	ay of	2	.0a	and thereafte	r at Monthly/\	early intervals	s* or until furth	er notice/or		
until* (i	nsert	date)	20	please	oay the sum	of: Figures £_					
Words:	£										
*Please d	lelete,	complete or ame	nd as applicable.	•							
		ful Company o -5003, PO Box 3						tWest Bank PL	C,		
Signed:					Na	me in CAPITA	LS:				
Address	s:										
					Post	code:		Date:			

Please do not detach the Banker's Order from GIFT AID form. This Banker's Order will be forwarded to your Banker by the TRUST.

WCBCT REF______