

GIFT AID DECLARATION

Charity name: BELSIZE SQUARE SYNAGOGUE Registered Charity Number 233742

Title (Mr/Mrs/Ms/Miss/Other) _____ Surname _____

Forenames _____

Home Address _____

_____ Postcode _____

I am **not** a UK tax payer (Please sign and date below)

Note: You may pay tax although you do not send any money to the Inland Revenue or file a Tax Return. Tax is automatically deducted from bank and building society interest, from any earnings and from occupational pension schemes under the PAYE system.

I **am** a UK tax payer (Please complete the Gift Aid Donations section below)

I **am** a **higher rate** UK tax payer (Please complete the Gift Aid Donations section and read and sign the Higher Rate Tax Payer Declaration over page)
(Note: If you are in any doubt please check with your professional adviser, if you have one. We would be pleased to talk with you if you need help in clearing any uncertainties)

Gift Aid Donations

I would like the Belsize Square Synagogue to treat as Gift Aid donations:

all donations I have made since 6 April 2000 and all donations I make from the date of this declaration until I notify you otherwise.

I confirm that I pay Income Tax and/or Capital Gains Tax at least equal to the tax that the charity will reclaim on my donations/fee payments in the tax year.

Signed: _____ Date: _____

The person signing this form must be the one who makes the donation.

Higher Rate Tax Payer Declaration

I agree to pay to the Belsize Square Synagogue my annual membership fee with the Higher Tax Rate surcharge equivalent to the difference between the Higher and Basic Rates of Tax, which is equal to the amount of tax I may claim against my personal tax liability.

Please continue to set my Synagogue Membership Fee each year so that the cost to me after my Higher Rate Tax relief is equal to the relevant annual Membership Fee.

If I cease to be a Higher Rate Tax payer, or do not pay at least the equivalent amount of tax reclaimed by the Synagogue, then I will inform Belsize Square Synagogue and this arrangement will be cancelled.

By giving notice in writing to Belsize Square Synagogue before 15 December in any year, of my wish not to pay this enhanced fee for the following year, this arrangement will be cancelled.

Signed: _____ Date: _____

NOTES

These notes are important and form part of the Gift Aid Declaration

1. Donations include Synagogue Membership Fees (exclusive of the Burial & Cremation Scheme Fee).
2. Any payment from which you derive a personal benefit, i.e. Burial & Cremation Scheme, Shabbat Dinners, Seder evenings, Religion or Nursery School Fees, social events, etc., do not constitute a donation.
3. You may cancel this declaration at any time by notifying the Synagogue Administrator.
4. You must pay an amount of Income Tax and/or Capital Gains Tax at least equal to the tax that the Synagogue reclaims on your donations in the tax year at the basic rate.
5. If you are unsure whether your donations qualify for Gift Aid tax relief, please contact the Synagogue Administrator or ask your local Tax Office for the leaflet IR 113 Gift Aid.
6. Please notify the Synagogue Administrator, if you change your name and/or address.