

A. YOUR DETAILS

MR / MRS / MS FIRST NAMES*	SURNAME*	
HOME Address*		POSTCODE*
EMAIL	PHONE	

*Required information – these fields must be completed

Privacy Statement

Elim is committed to ensuring that your privacy is protected and that data collected will only be used for our legitimate interest, including the Gift Aid process, in accordance with our privacy policy. See this in full at **www.elim.org.uk/privacypolicy** or contact our Data Protection Officer by email to **dpo@elimhq.net** or write to the **Data Protection Officer, Elim International Centre, De Walden Road, MALVERN WR14 4DF.** All personal data collected by Elim within this form will only be kept for as long as necessary.

giftaid it Gift Aid is only applicable if you're a UK tax payer

After reading the following statement, please tick ONE OPTION to confirm you wish to gift aid your donation 🗹):

I am a UK tax payer and understand that if I pay less Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference. I understand the charity will reclaim 25p of tax on every £1 that I give.

Enduring Declaration - I wish Elim to treat as Gift Aid ALL my donations since the beginning of the current tax year (6 April) or from DD / MM / YYYY and thereafter

Or

□ Single Amount Declaration – I wish Elim to treat as Gift Aid, only the amount of £_____ given on DD / MM / YYYY. (Selecting this limitation would necessitate a new declaration for future donations)

	Signature	Date DD / MM / YYYY			
3.	(OFFICE USE-BENEFITTING CHURCH/DEPT) Elim Church Code: CB050	Church or Dept. Belfast (Dundonald)			
		Local reference:	Elim Finance Dept. GAD reference:		
	Elim Foursquare Gosnel Alliance Registered Charity 251549 (England and Wales) SC037754 (Scotland) ELIM INTERNATIONAL CENTRE DE WALDEN ROAD, MALVERN WR14 ADE				