LiNX Christian Youth Trust – Gift Aid Form			
Please treat as Gift Aid donations all qualifying gifts of money made, (please tick all boxes you wish to apply). Or tick here for no Gift Aid.			
Today in the past 4 years in the future		giftaid it	
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 25p of tax on every £1 that I give on or after 6 April 2013.			
Title:	First name or initial(s):		
Surname:			
Full home address:			
	Postcode:		
Date:	Phone:		Church connection:
Signature:			
 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 Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code. 			
OR I would like to donate £per month (Please make cheques payable to 'LiNX Christian Youth Trust').			
Monthly Standing Order Form		Your	Details
Please pay LiNX the sum of £ In words Every Month starting on Your Bank Account Details:		Title: Othe First	ASE USE BLOCK CAPITALS) Mr/Mrs/Miss/Ms/Rev/Dr/ r Name ame
Bank Account number Bank Sort code		Auur	ess
Bank Name			Postcode
Bank Address			
Signature:		Bank	ice Use. Our ref HSBC 14 Fore St. St Marychurch, Jay TQ1 4ND Code: 40-44-43 Account No: 41129775
Date:		Acco	unt Name: LiNX Christian Youth Trust

Please complete and return to:

LiNX Christian Youth Trust, 1a Clifton Road, Paignton, Devon, TQ3 3LN