



CATHOLIC CHAPLAINCY

for London's Universities

GIFT TRANSMITTAL FORM

This completed and signed form represents my intention to make a one-off charitable donation or a pledge over multiple years, given freely, to the Diocese of Westminster's Catholic University Chaplaincy at Newman House.

For a one-off donation:

I hereby donate a total of £ _____, the total sum is enclosed herewith.

For a pledge over one or more years:

I hereby pledge the total sum of £ _____, instalments for which will be provided over the following period of time:

- £ _____ now, as the first instalment, which is enclosed;
£ _____, in (month) _____, 20 _____;
£ _____, in (month) _____, 20 _____;
£ _____, in (month) _____, 20 _____;
£ _____, in (month) _____, 20 _____.

For payment:

Cheque which is enclosed and is made payable to "WRCDT - Newman House"

Credit Card/Debit Card -- I would like to donate £ _____



Please select the card you are using:

- Three checkboxes corresponding to VISA, MasterCard, and Maestro logos.

16 digit card no. [grid of 16 boxes]

3 digit CVV no. [grid of 3 boxes]

Expiration Date [grid of 4 boxes] First Name _____ Last Name _____

Signature _____

Billing address for your card must be the same as the address below. We shall send you a receipt of this credit/debit card transaction.

I will make a Bank Transfer at my bank or online - please make payment(s) to our account:

Account Name: WRCDT - Newman House
Account Sort Code: 40-05-20
Account Number: 11308734

Add 25p to every £1 you donate by consenting to Gift Aid! Check the box and sign:

I would like the Diocese of Westminster to treat all qualifying donations I have made since the 6th April 20....., and all donations I will make in the future until I notify you otherwise, as Gift Aid donations. I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax in the current tax year than the amount of Gift Aid claimed on all my donations, it is my responsibility to pay any difference. I will notify the charity if I change my Name or Address, or if my future circumstances change and I no longer pay tax on my income and capital gains equal to the tax the charity reclaims

Please use only one name per donor if claiming Gift Aid.

Signature of donor: X _____ Date: ____/____/____

Donor Full Name _____

Address: _____

Address: _____ Post Code: _____

Email Address: _____

Mobile: _____ Home Phone: _____