

# UNION OF EVANGELICAL CHURCHES

GIFT AID LISTING FOR \_\_\_\_\_ CHURCH

PERIOD COVERED 1<sup>st</sup> JANUARY 2024 to 31<sup>st</sup> DECEMBER 2024

Name of Donor: \_\_\_\_\_  
Date of Gift Aid \_\_\_\_\_

House number & postcode: \_\_\_\_\_  
Claim Ref. No. (if Donor's name not given) \_\_\_\_\_

Total donations received	Tax claimed	Gross	Please tick box to show frequency of donations:				
			Weekly	Monthly	Quarterly	Annually	Occasionally

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*If there are more than five Gift Aid Donors at your Church, please photocopy this sheet as required.*