

UNION OF EVANGELICAL CHURCHES

GIFT AID LISTING FOR _____ CHURCH

PERIOD COVERED 1st JANUARY 2020 to 31st DECEMBER 2020

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

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

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

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

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

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