



St Helen's Catholic Church

Westcliff-on-sea, Essex

Building and Restoration Fund

Donor Information (please print)

Name _____

Address _____

Post Code _____

Telephone / Mobile _____

Email _____

Pledge Information

I pledge a total of

£ _____ to be paid:

now monthly quarterly. _____

I wish Gift Aid to apply to the donation and I confirm I will

pay in this tax year an amount of Income Tax and/or Capital Gains

Tax at least equal to the amount that all charities and Community

Amateur Sports Clubs to which I give will reclaim on my gifts for this

tax year (25p for each £1 given). I understand that other taxes such

as Council Tax and VAT do not qualify.

Signature

Date