

CONSTITUENT OF
THE MOVEMENT FOR
REFORM JUDAISM



CONGREGATION OF MOUNT SINAI

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ESSEX SS0 9SZ
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GIFT AID DECLARATION

Name of Charity.....**SOUTHEND AND DISTRICT REFORM SYNAGOGUE**

Title..... Forename(s)..... Surname.....

Address.....

.....

.....

..... Postcode

I request the charity to treat all donations I have made (since April 2000) and all donations I make hereafter, until I notify you otherwise, as Gift Aid Donations.

I confirm that I must notify the charity if I change my name and/or address.

I also confirm that I must pay an amount of income tax and/or capital gains tax at least equal to the tax that the charity reclaims.

I also confirm that should my circumstances change and I no longer pay tax on my income I will cancel my declaration.

I note that if I pay tax at the higher rate I can claim further tax relief on my Self Assessment tax return.

Signed..... Date.....