

Promise Form and Gift Aid Declaration

You can alter your giving at any time should your circumstances change

To The PCC of St Mary's Church, Edwinstowe

I should like to give / I am unable to give (Please circle as appropriate)

Name
(Capitals) Title Forenames Surname
(If you are giving through Gift Aid, please enter only one person's name above)

Address

.....

POST CODE

I should like to give £ Each Week / Month / Quarter/
Half Year / Year.

I choose to give by :

Bank Standing Order
Offering Envelopes
Other (Please specify)

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Tick this box if you want Southwell & Nottingham Diocesan Board of Finance (on behalf of St Mary's Church, Edwinstowe) to reclaim tax on all your donations since 1st January 2008 and all donations which you make hereafter.

I confirm I have paid or will pay an amount of Income tax and/or Capital Gains Tax for each tax year (6th April to 5th April) that is at least equal to the amount of tax that all the charities or Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 25p of tax on every £1 that I give on or after 6th April 2008.

Signature..... Date

If you have ticked that you are able to give by **Bank Standing Order**, please complete the form opposite, **OR** tick one of the boxes below, if appropriate.

I have arranged the Bank Standing Order payments by phone or internet banking, and these payments will start on.....

There is no change to my existing Bank Standing Order payments.

Standing Order Form for St Mary's Church, Edwinstowe

Please complete this form if there is any change to the amount you wish to give.

To the Manager.....Bank plc.,

Address

.....

.....Post Code.....

Account Number _____ Sort Code _ - - - -

Name of Accountholder(s).....

Address

.....Postcode.....

Please pay to:

NatWest Bank plc,
Church Street, Mansfield, NG18 1HP

A/C Name: Edwinstowe Parochial Church Council

Account Number 82062137 Sort Code 60-14-03

Monthly Quarterly Half Yearly Yearly payments of :-

(Please circle preference)

£..... (.....poundsp)

Starting on the day of20.....

and continue these payments until further notice.

(Please choose a start date at least one month from today to allow time for processing)

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

This Standing Order replaces any existing Standing Order payable to the same recipient with effect from the above starting date.