## Regular Giving Form for St Peter's Shorwell

Please return this completed form to your PCC Treasurer, who will send it on to your bank if a Standing Order is to be set up.

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Your Contact Details											
Full Name: (CA	PITALS PLEASE)										
Address:											
Post Code:	Telephone:										
Email:											
Gift Aid declaration								gi	fto	uid 1	it
amount of tax to donate will recl	Please treat as Gift A this declaration and and/or Capital Gains Tax nat all the charities (includation on my gifts for that tallify. I understand the charities	in the la for eac ding chu ax year.	st 4 years. I co h tax year (6 Ap rches) and Com I understand th	nfirm ril to mun at of	n I ha 5 Ap lity Ar ther t	ive pa oril) th mateu axes	aid or at is ur Spo such	ade fr will p at lea orts C as C	om the cay a state of the cay a state of the cay a state of the cay and the cay are a state of the cay are a state	ne dat n ame ual to to wh I Tax	te of ount the ich I
Signed	Date										
NOTE: Please notify the Treasurer if you change your name or home address, or no longer pay sufficient tax on your income and/or capital gains.											
Gift Aid is linked to basic rate tax, currently 20%, which currently allows charities to reclaim 25 pence in the pound.											
If you wish to make a donation to a specific fund, i.e. youth worker, please use the relevant form.											
Standing Order											
Your bank and	account (Capitals Please	)								_	
Account Name			Sort Code								
Bank Name			Account N	0.							
Address											
Please Pay	e Pay £ Per month / quarter / year from my bank account (details above) to:										
Lloyds TSB plc	, 22, St. Thomas' Square	, Newpo	rt, Isle of Wight,	PO	30 1S	Q.					
Account Name	Treasurer's Account,		Sort Code		3	0	9	5	9	9	
	PCC Shorwell		Account No.	0	0	1	6	4	0	7	8
Starting on	(date) until further notice.										
Signed			Date								