

Promise Form to **ST MARY'S CHURCH, BLEASBY**

[Title]..... [Forenames]..... [Surname].....

[ Address ] .....

[ Address ] ..... [ Postcode (Very Important) ] .....

**I should like to give**  **or There is no change to my giving**

each week / month / quarter / half year / year [ Please circle preference ]

**Starting** on the.....Day.....Month.....Year.

Method of Payment  Bank Standing Order  Internet Banking  
 Please Tick Box Please complete below

*giftaid it*

**Please treat as Gift Aid donations all qualifying gifts of money made from the date of this declaration and in the past 4 years, currently 25p for every £1 donated. I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference. Please notify the Treasurer or Planned Giving Secretary if you want to cancel this declaration, change your name or home address or no longer pay sufficient tax on your income and/or capital gains.**



**Signed**.....**Dated**.....

Bank Standing Order

To the Manager of .....		Bank plc
Address .....		Postcode .....
Please pay to Bank Name: <b>National Westminster Bank Plc</b>		Sort Code <b>60/20/15</b>
For the benefit of ..... <b>Bleasby PCC</b>		Account Number 60708484
[ Monthly ] [ Quarterly ] [ Half Yearly ] [ Yearly ] >>> Please circle your preference <<<		payments of
£ .....	[ ..... ]	pounds ..... p ]
Starting on the ..... day of ..... ( month ) ..... ( year ) and continue these payments until further notice.		

Tick here if this Standing Order supersedes any existing Standing Order in favour of the above account.

<b>Account Number</b> .....	<b>Name of Accountholder(s)</b> .....
<b>Sort Code</b> .....	<b>( in CAPITALS )</b> .....
<b>Date</b> .....	<b>Address</b> .....
	<b>Signed</b> .....