

Please complete all sections of this form in BLOCK CAPITALS

To (Name of Bank)	
Bank address	
Post Code	

Account Holder(s)	
Address	
Post Code	

Sort Code					

Account Number							

Please pay the monthly sum of

£		Monthly*	Quarterly*	Annually*
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*Delete as appropriate

Commencing on and thereafter until further notice.

Signature : _____ Date : _____

The Gift Aid Organiser to complete the following section:

To: HSBC Bank plc, 69 Pall Mall, London SW1Y 5EY	A&B DIOCESAN TRUST REGISTERED CHARITY WOODINGDEAN ST PATRICK
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Sort Code					
4	0	0	5	2	0

Account Number							
3	1	0	7	6	4	7	7

Please quote Gift Aid declaration Number †:	
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Please cancel existing monthly/quarterly/annual † Standing order for the above account for	£
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† Gift Aid Organiser to complete.

Please return this form once completed to the Gift Aid Organiser