

Please complete all sections of this form in BLOCK CAPITALS

	To (E	Bank															
Nan	ne)																
	Address																
		Post (Code														
			<u></u>														
	ccoun	t Holo	ler														
(s) Address																	
		Post (Code														
		C - m	t Code	Account Number													
	ı	30r	Code	!						ACCOUNT NUI			mper ————				
									<u> </u>				l		I		
Please pay the sum of £						ı	Month	ly*	Qua	rterl	у*	Annu	ally*				
								* Delete as appropriate									
Commencing on						and thereafter until further notice											
Sign	ature:			Date:													
													/			_	
	Pleas	se can	cel anv	exist	ing st	tandin	g orde	er for t	he								
Please cancel any existing standing above account for:										£							
The Parish Gift Aid Organiser to complete the following:																	
To: HSBC Bank plc, 69 Pall Mall, London SW1Y 5EY								Parish: ST PATRICK'S CHURCH									
69 1	Pall Ma	all, Lo	ndon S	W1Y :	EY	1		WOODINGDEAN									
Sort Code								Account Number ‡									
4	0	0	5	2	0		3	1	0	7		6	4	7		7	
Gift	Gift Aid Declaration Number:																
L													<u> </u>		1		

PLEASE RETURN THE COMPLETED FORM TO THE PARISH GIFT AID ORGANISER

Version: September 2020