

Please complete all sections of this form in BLOCK CAPITALS

To (Name of Bank)												
Address												
Post Code												
Account Holdon(s)												
Account Holder(s) Address												
Address												
Post Code												
Sort Code				Account Number								
Please pay the sum of £				Monthly*			Quarte	Quarterly* Annually				
	* Delete as appropriate											
Commencing on				and thereafter until further notice								
Signature:					Date: / /							
Diagon compal and suit	- * :		d £-	41								
Please cancel any existing standing order fo above account for:				£								
Tho	Doniel	h Cift A	id Ora	anicar	to co	mnlot	o tho fo	llowin				
The Parish Gift Aid Organiser to complete the following: To: HSBC Bank plc, Parish:												
69 Pall Mall, London, SW1Y 5EY				St John Evangelist Church - Herons Ghyll								
Sort Code				Account Number ‡								
4 0 0 5	2	0	1	7	1	0	7	6	9	7	3	
Gift Aid Declaration Number:					-		-			•		

PLEASE RETURN THE COMPLETED FORM TO THE PARISH GIFT AID ORGANISER