From: Title……. First Name…………………….. Surname…………………………………….

Home Address…………………………………………………………………………………………………

...................................................Poctcode…………………Phone No…………………….

E-mail (optional)…………………………………………………………………………………………….

BANK STANDING ORDER MANDATE

To……………………………………………………………………………………………………Bank plc

Bank Address………………………………………………………………………………………………….

………………………………………………………………………….. Post Code………………………….

Please pay to the Account of St Bartholomew’s Porthleven PCC

At Lloyds Bank plc Account No. 00942433 Sort Code 30-94-97

Ref St Bartholomew’s Appeal The sum of £………………… (amount in figures)

(Amount in words) ………………………………………………………………………………………….

Monthly starting on the…………day of…………………..……..(month) 20……….(year)

And continue these payments until further notice

Signature……………………………………………………………………………Date…………………….

Account Name………………………………………………………………………………………………….

Account No……………………………………………………………………………………………………….

Sort Code………………………………………………………………………………………………………….

 Gift Aid Declaration

**If you are a taxpayer St Bartholomew’s is able to claim a further 25p for every £1 donated from HM Revenue and Customs, if you complete this Gift Aid Form.**

I wish Gift Aid to be claimed on all my donations from this date forwards.

I am a UK taxpayer and understand that if, in any tax year, I pay less Income Tax and/or Capital Gains Tax than the Gift Aid claimed on my donations it is my responsibility to pay any difference.

Signature………………………………………………………………………….Date……………