

St Paul's Community Centre

WORTHING



Your Details

Name: _____

Addr: _____

Post Code: _____

eMail: _____

Gift Aid Declaration

- I want the St Pauls Centre(Appeal) to reclaim tax on this and all future donations that I make, by treating them as Gift Aid donations at its discretion.

Signed: _____ Date: _____

Single Donation

- I enclose a cheque/Postal Order for £_____
- I authorise payment of £_____ from my credit card:-
Access/Visa/Euro/Delta/Switch (delete as appropriate)

Card Number: _____

Expiry Date: ___/___ Start Date: ___/___ SVC Code: ___

Card Holder Name: _____

Signed: _____ Date: _____

Send Completed Form to:-

St Pauls Centre (Worthing) Appeal
21 Gratwicke Road
Worthing
West Sussex
BN11 4BH