

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: _____

Regular Donation (Standing Order form)

Bank Name: _____

Branch Address: _____

Post Code: _____

Account No: _____ Sort Code: _____

Account Name: _____

Please debit the above account and credit:

St Pauls Centre (Worthing) Appeal

Bank Name: xxxxxxxxxxxxxxxxxxxx Sort Code: 99-99-99

Account No: xxxxxxxxxxxx

First payment of £_____ on ___/___/___ and thereafter the same amount Monthly/Quarterly/Annually (delete as appropriate) until further notice.

Signed: _____ Date: _____

Send Completed Form to:-

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