

**FRIENDS OF ST CUTHBERT'S
DONATION FORM**



Please complete and return to:

Friends of St Cuthbert's

The Church, Clungunford

Shropshire SY7 0PN

Personal Details

Title: _____ First Name: _____

Surname: _____

Address: _____

Postcode: _____

Email: _____

Phone: _____

Subscription Rates

*St Cuthbert's is always grateful for any donation of whatever size. However, full "Friends" membership is £5 p.a. for residents of Clungunford Parish and £20 p.a. for outside subscribers. **Prospective overseas members can obtain payment details from our website at www.cuthbertclungunford.org.uk***

Single Subscription Gift

I would like to make a gift of £ _____

Please enclose a cheque made payable to "Friends of St Cuthbert's"

Regular Subscription Gift

I would like to give £ _____ every month/quarter/year* (*delete as appropriate*) by Standing Order.

I confirm that I have completed the Standing Order Mandate and returned it to my bank.

The first payment will commence on

____/____/____

Gift Aid Declaration

I am a UK taxpayer and would like Clungunford PCC to treat this and all donations I make from the date of this declaration until further notice, as Gift Aid donations.

Signature: _____

Date: ____/____/____

You must pay an amount of Income Tax/Capital Gains Tax at least equal to the tax that we will reclaim on your donations in the appropriate tax year

Friends of St Cuthbert's is a fundraising sub-group of Clungunford PCC (HMRC Charities Reference XN66166)

STANDING ORDER MANDATE

(Please detach this section and send to your Bank)

To: _____

Please enter here the name & address of your Bank

Please pay to

HSBC Bank PLC
10 Bull Ring, Ludlow
Shropshire SY8 1AF

Sort Code 40-30-30

for the credit of

Friends of St Cuthbert's

account number

71302582

the sum of

£ _____

every month/quarter/year starting on ____/____/____ until further notice*

quoting reference

(please quote your surname) _____

debiting my/our account (details of which are given below) accordingly

Signature of account holder to be debited

Any required additional signature for account to be debited

Name of account to be debited

Account number to be debited

Date: _____

** delete as appropriate*