

## Please complete all sections of this form in BLOCK CAPITALS

	To (N	lame of	Bank)													
		Α	ddress													
		Pos	t Code													
Acc	count H	older(s)														
Address																
		Pos	t Code													
		- C-	-+ Cl-				Account Number									
		50	rt Code		1					Accou	nt Nui	mper				
													<b> </b>			
Please pay the sum of				4	£			Monthl	<b>y</b> *	Quarter	ly*	Annuall	у*			
					* Delete as appropriate											
Co	mmenci	ng on			and thereafter until further notice											
Signature:									Date:		/	/				
г																
Please cancel any existing standing order for the above account for:																
L	ubove .	account	. 101.												_	
			The l	Parish	Gift A	id Org	anise	er to co	mple	te the fo	llowi	ng:				
To: HSBC Bank plc,								sh:		<b>5</b>						
69 Pall Mall, London, SW1Y 5EY								Arunde	el and	Brighton	Our L	ady Star	of the	Sea	a	
Sort Code										Accoun	t Num	ber ‡				
	4 0 0 5			2			1			7						

PLEASE RETURN THE COMPLETED FORM TO THE PARISH GIFT AID ORGANISER

**Gift Aid Declaration Number:**