

Please complete all sections of this form in BLOCK CAPITALS

	To (N	lame of	f Bank)															
		Α	ddress															
Post Code																		
Account Holder(s)																		
Address																		
		Pos	t Code															
Sort Code									Account Number									
Discussion the same of					6					. *	•							
Please pay the sum of					£			Monthly*			Quarterly*			Annually*				
				* Delete as appropriate														
Commencing on									and thereafter until further notice									
Signature:										Date:		/	/	/				
	Please above		-	isting	stand	ling o	rder f	or the				£						
	uborc	<u>accoun</u>																
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To: HSBC Bank plc,									Parish: RCD of A&B CPP Weybridge									
69 Pa	all Mall,	Londo	n, SW1	Y 5EY														
		Sort	Code								Acco	unt N	lumb	er‡				
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Gift A	Aid Dec	laratior	Numb	er:														

PLEASE RETURN THE COMPLETED FORM TO THE PARISH GIFT AID ORGANISER

Version: September 2020