



Eglwys y Plwyf Llanelwy

St Asaph Parish Church



STANDING ORDER MANDATE

Please complete in BLOCK CAPITALS

I wish to give per month to St Asaph Parish Church.

Your Full Name: _____

Address: _____

Postcode: _____

Telephone Number(s): _____

Email: _____

Gift Aid Declaration

If you are a UK Tax Payer, please place a tick ✓ in the shaded box if applicable.

Please treat all gifts of money that I make today and in the future as Gift Aid donations.

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

Your Bank Details:

To: The Manager

Name of your bank/building society: _____

Address: _____

Postcode: _____

Your Account Number:

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Your Bank Sort Code:

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Please pay: Parochial Church of St Asaph

Account Number: 31028500

Sort Code: 54 - 41 - 11

The amount stated above, commencing on _____ (date) until further notice, quoting reference (_____ To be completed by Treasurer, SAPC)

Signature: _____

Date: _____

Please return this form to: The Treasurer of St Asaph Parish Church,
c/o Diocesan Office, High Street, St Asaph LL17 0RD.