



PLEASE COMPLETE ALL SECTIONS OF THIS FORM IN BLOCK CAPITALS

To (Name of Bank)	
Address	
Post Code	

Account Holder(s)	
Address	
Post Code	

Sort Code					

Account Number							

Please pay the sum of

£	Monthly*	Quarterly*	Annually*
---	----------	------------	-----------

* Delete as appropriate

Commencing on and thereafter until further notice

Signature: _____ Date: / /

Please cancel any existing standing order for the above account for:	£
--	---

THE PARISH GIFT AID ORGANISER TO COMPLETE THE FOLLOWING:	
To: HSBC Bank plc, 69 Pall Mall, London, SW1Y 5EY	Parish: The holy Name, 42 Arbrook Lane, Esher, KT10 9EE

Sort Code						Account Number †							
4	0	0	5	2	0	2	1	0	7	7	2	8	7
Gift Aid Declaration Number:													

PLEASE RETURN THE COMPLETED FORM TO THE PARISH GIFT AID ORGANISER