STANDING ORDER FORM

Please return this form to your bank.

I wish to give £_____ per week / month to Wythenshawe Community Church commencing on ___/___/20___ and on the same day each week / month until further notice.



Title: Mr / Mrs / Miss / Ms / Other Address:					
	Postcode:				
Mobile Number:	Home Number:				
Email Address:					
Signed:	Date://20				
Account Number:	Sort code:				
Account Holder Name(s):					

Please pay the above amount to: Wythenshawe Community Church Account Number: 97146482 Sort Code: 09-01-28





Please tear off and return this section to Wythenshawe Community Church, 94 Crossacres Road, Manchester M22 5BS

Name:

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I have instructed my bank for set up a standing order of £_____ every week / month commencing from ____/20____.

do not qualify. I understand the charity will reclaim 25p of tax on every £1 that I have given.

If you are a UK tax payer, for every £1 you give, we can claim 25p back from HM Revenue & Customs. All you need to do is tick the boxes and sign below.
I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for the current tax year (6 April to 5
April) that is at least equal to the amount of tax that all the charities and Community Amateur Sports Clubs (CASCs) that

I donate to will reclaim on my gifts for the current tax year. I understand that other taxes such as VAT and Council Tax

Please claim Gift Aid on my givi (Please tick all boxes you wish to a	0				c .it	_
(Please tick all boxes you wish to a Today and the Future T	he Past Four Years	Т	oday Only	a al	ftaidu	,
Signed:	Date:	_/	/20	9	4	