

PLEASE COMPLETE HIS FORM
IF YOU **DO NOT** PAY UK INCOME
TAX OR CAPITOL GAINS TAX

& return to Peter Spencer
at 23 Berkeley Road,
Kenilworth, CV8 1AQ

The Parochial Church of St Nicholas, Kenilworth

PLEDGE OF FINANCIAL SUPPORT

Your full name I, Title _____ Forenames (s) _____
Surname _____
Your Address of _____
Town _____ Post Code _____
The Charity
Promise to pay the **Parochial Church Council of St Nicholas Kenilworth** the sum of
at least £.....every
WEEK / MONTH / YEAR / until further notice.
Your Signature _____
Date of signing _____ 2011

I wish to make my donation in cash	<input type="checkbox"/>
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BANKER'S ORDER

Name & address of your Bank/ Building Society To; The Manager _____ Bank plc /Building Society
Address _____
Please pay to the **Parochial Church Council of St. Nicholas, Kenilworth**
at HSBC bank plc 46 The Square, Kenilworth CV8 1EA
Insert the amount you wish to give Sort Code **40-26-04** Account Number **81062018**
The sum of (Words)..... £
Date payments are due to start Commencing on the _____ day of _____ 2011 and a like sum every
Delete to show how often you wish to make payment YEAR/ QUARTER/ MONTH until further notice and debit my account with you with each payment when made;
Name & number of your bank account ACCOUNT NAME _____
Sort Code Account Number
Your signature & date of signing Signature _____ date _____ 2011
Your full address, including post code Address _____

Note to Bank: This order cancels any existing order(s) to the same beneficiary.

