







l wish to give a regular donation for my church

I wish my donation to be used solely for the benefit of:

## PARISHGIVINGSCHEME

Title: Mr Mrs Miss Ms Other		Church/Parish name Town	St Michael & All Angels Galleywood Common
First name(s):		PGS code Diocese	080608260 Chelmsford
Surname(s):	(Metalong er vergen) er sind optimise op Herdelse in skrapk andre som er verse skraper komber komber.	Diocese	Cheimstord
Full home address:		I wish to support my parish in the future by agreeing to an annual inflationary increase on my gift.  I understand that the new amount will be communicated to me by letter 30 days prior to the gift donation date. I have the right to opt out of this arrangement at any point in the future by communicating my wishes by letter, email or phone to the Parish Giving Scheme.	
Postcode:			
Telephone:			
Email:	with dense values. (Class Supplement Protest of Physics and the protest of the party of the part	Any Wishes Dy Icutor, Cition Commission of the C	or phone to the rarish Giving Scheme.
	heme Registered Charity Number: 1156606(month)(year) m today	the date of my first gift on I am a UK tax payer and u or Capital Gains Tax than donations in that tax year i	y donation  y £1 worth £1.25 giftaid it  ations all qualifying gifts of money made from this declaration and in the future.  understand that if I pay less income Tax and/ the amount of Gift Aid claimed on all my t is my responsibility to pay any difference.  Il reclaim 25p for every £1 that I give.
I wish to remain anonymo Planned Giving Represent How will our parish be notif	ous to my parish's ative (Please carefully read fied of my donation? on page 3)	Signature	Title:
nstruction to your	Bank or Building Society	to pay by Diract Dob	
	ess of your Bank/Building Society	Service User Number	PRESI
To:The Manager	Bank/Building Society	4 2 1 4	0 2
Address:		Donor reference number (to be completed by PGS office)  PGSTHANKYOU	
F	ostcode:	Instruction to your Bar Please pay Parish Giving S detailed in this instruction	nk or Building Society icheme Direct Debits from the account n subject to the safeguards assured by
Name(s) of Account Holde		the Direct Debit Guarante	ee. I understand that this instruction may Scheme and, if so, details will be passed
Sranch Sort Code		Signature(s)	
ank / Building Society acco	ount number		
	The state of the s	Date	

Please complete this page and send it to: Parish Giving Scheme, 76 Kingsholm Road, Gloucester, GLI 3BD 

This Guarantee should be detached and retained by the payer

## The Direct Debit Guarantee



√ This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits. ✓ If there are any changes to the amount, date or frequency of your Direct Debit PGS will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request PGS to collect a payment, confirmation of the amount and date will be given to you at the time of the request.

✓ If an error is made in the payment of your Direct Debit, by PGS or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society.

√ If you receive a refund you are not entitled to, you must pay it back when PGS asks you to.

You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.