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*‘This ministry not only supplies the needs of the saints, but overflows with many thanksgivings to God’ (2 Corinthians 9:12)*

# My commitment to xxx Church

Dear Name of Treasurer

🗆 I am pleased to respond to the invitation to show my support for xxx Parish Church by joining our planned giving scheme. I understand that this scheme is confidential and that I may withdraw at any time.

🗆 As a planned giver to the church, I have reviewed my giving and would like to increase it.

🗆 I would like to find out more about how to leave a legacy to the church:

🗆 I would like to have a confidential conversation with the treasurer, Name, and/or

🗆 I would like a codicil form to amend my Will and/or

🗆 I would like template wording to write Name of Church into my Will.

Name: …………………………………………………………………………………………..

Address: ……………………………………………………………………………………….

……………………………………………………………………………………….

……………………………………………………………………………………….

Postcode: ……………………………………………….

Phone: ……………………………………………………. Email: ……………………………………………………..

Text, letter

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*If you are a UK taxpayer and eligible to Gift Aid your donation please sign below. This will increase your gift by 25p for every £1 given at no extra cost to you or us. Thank you.*

Please treat as Gift Aid donations all qualifying gifts of money made from the date of this declaration and in the past four years. 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.

Signed…………………………………………………………………………………… Date………………………………………

**Please tick your preference (if applicable):**

Standing Order

Weekly envelopes

**Please return this form before or at our Thanksgiving Service on Date**

(A Bank Standing Order Form is provided overleaf for your convenience should you need it.)

The Parish of xxxxx

**Rector: Revd. xxxx**

Treasurer Name

Treasurer Address

*Treasurer phone number:*

## **BANK STANDING ORDER**

Bank (Address)………………..………..………………………………………….………………………………………………………….

Account Name……………………………………………………………………………………………………………………………………

Account Number………………………………………….…………………………………………………………………………………….

Please pay to Bank Address

|  |  |  |
| --- | --- | --- |
| **Sort Code** | **Account Number** | **Account Name** |
| xx-xx-xx | xxxxxxxx | xxxxxxxxxxxxxx |

the sum of………………………………………………………………………………………………………………………………………….

on the……………………………………..…………….day of…………………………..………………………………….2019……….…

And a like sum monthly / quarterly / annually on the…………………...…………………………………..of each subsequent ……………………………………………………….………….(month/quarter/year) until further notice.

**Signed……………………………………………………………………………………………………………..**

**Dated……………………………………………………………………………………………………………….**

**This instruction is NEW / DIFFERENT / IN ADDITION** *(delete as appropriate)*