## Each taxpayer should complete a separate form

Date

## Promise Form to the Parish Church of St. Leonard, Wollaton.

[Title <i>] [</i> Forena	nes]
[Address ]	
[ Address ]	[ Postcode (Very Important) ]
I should like to giv	£ or There is no change to my giving
each week /	month / quarter / half year / year [Please circle preference ]
Starting on the	DayYear.
Method of Payment Please Tick Box	Bank Standing Order         Internet Banking Please contact David Martin:           Please complete below         Tel 0115 928 1931 or damwollaton30@gmail.com for a Ref. Number
	Other
<	income and/or capital gains. <u>Signed</u> Dated Bank Standing Order
To the Manager of	Bank plc
Address	Postcode
Bank Name: For the benefit W	yal Bank of ScotlandSort Code16 14 18Account Number11aton Parochial Church Council Planned Giving Account12173319
	oting reference: Quarterly ] [ Half Yearly ] [ Yearly ] payments of >>> Please circle your preference <<<
£	pounds p
5	day of
Tick here if thi account.	s Standing Order supersedes any existing Standing Order in favour of the above
Account Number	Name of Accountholder(s) ( in CAPITALS )
Sort Code	Address

Signed

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