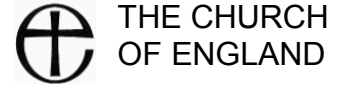


For St Sampson's to have the necessary funding to maintain the fabric of the church and pay the day to day running costs as well as pay its Annual Quota to the Bristol Diocese, we need regular financial support. In this Parish the average monthly giving for tax payers is between £25 and £100. By completing this form, which includes the Standing Order Form and Gift Aid Declaration, it will help the PCC fulfil the financial obligations of St Sampson's. The weekly "Envelope" scheme is useful for smaller gifts.



THE CHURCH OF ENGLAND

St. Sampson's Cricklade

ST SAMPSON'S GIVING SCHEME and/or **Revision of Standing Order**

I/We wish to DONATE ANNUALLY / MONTHLY / WEEKLY to St Sampson's Church, Cricklade

Name/s _____

(Please print full names and title)

Address _____

Post Code _____ Tel. _____

I/We would like to participate by setting up/revising a Standing Order and/or joining in the "Envelope" Scheme. (Please delete where applicable)

If you pay Tax please consider completing the form below.

To make a Gift Aid Donation you must pay an amount of UK income or capital gains tax at least equal to the tax we reclaim on your donation

GIFT AID DECLARATION *St Sampson's Church Cricklade*

I want the Church to reclaim tax on all my donations.

I note that I should tell the Church if I do not pay as much tax as St. Sampson's claims from my giving .

Name..... Address.....

.....Post Code.....

Signature..... Date

Data Protection : The information supplied will only be held by St Sampson's "Giving Scheme" organiser and not used for any other purposes.

Bank Standing Order Form (Please insert your bank details)

Bank: Branch:

Address:

Sort code: A/C no:

Please pay to the St Sampson's Church Cricklade, Lloyds TSB Bank plc, Cricklade Branch, 112 High Street, Cricklade, Swindon, SN6 6AF, sort code 30-13-35, A/C no 901017 the sum of £..... on the First of every month starting on(insert date) until further notice. (If you already have a Standing Order does this replace it? **Yes / No**)

Signature: Date:

Name (PRINT).....

Address:.....

Please return completed form to: "Giving Scheme" Organiser, Pam Cowler, 29, Pauls Croft, Cricklade, Wilts