Please return this form to Mgr Canon Cronin or to the parish office in an envelope marked **Development Fund**.

Name(s):		
I/we wish to pledge per year (please circle):	I/we wish to	p pledge this amount for (please circle):
£3,000	5 y	ears
£1,800	4 y	ears
£1,200	3 y	ears
£600	2 y	ears
£300	1 y	ear
£180	You can car	ncel your pledge at any time.
other amount £		
OR I would like to make a one-off donation of £		
Signed:		Date:
Ways to donate:		
By standing order: You can arrange a monthly, quarterly or your bank or online. By cheque or cash: Please make cheques payable to The I marked 'Development Fund' with your name written on it. By bank transfer: Account number: 46092951 Sort Code: 50 (please remember to add 'DA' and your name as a reference	Parish of St Osmuno	
Charity Gift Aid Declaration RC Diocese of Southwa	ark is a registered c	harity No 235468
Boost your donation by 25p of Gift Aid for every £1 you dona		•
Your address is needed to identify you as a current UK taxpa		ned from the tax you pay for the current tax year.
In order to Gift Aid your donation you must tick the box below	v:	
I want to Gift Aid my donation and any donations I make	in the future to The	Parish of St Osmund
I am a UK taxpayer and understand that if I pay less Income donations in that tax year it is my responsibility to pay any difference of the state of		Gains Tax than the amount of Gift Aid claimed on all my
Title: First name or initial(s):	Surname:	
Home address:		
Please notify the parish office if you:		
<ul> <li>want to cancel this declaration</li> <li>change your name or home address</li> <li>no longer pay sufficient tax on your income and/or capital g</li> </ul>	and v included	E: If you pay Income Tax at the higher or additional rate want to receive the additional tax relief due to you, you mus de all your Gift Aid donations on your Self-Assessment tax nor ask HM Revenue and Customs to adjust your tax code
Standing Order Instruction		
Please set up the following Standing Order in the sum of £	ner m	onth /quarter /annum starting / /
until / / and debit my account accordingly to:		· · · · · · · · · · · · · · · · · · ·
Payment ref : DA: (Please add your		
rayment lei : <u>DA.</u> (Flease add your	mame to the refere	nce).
Name of your Bank / Building Society:		
Address of your Bank / Building Society:		
		Postcode
Account Name:	Account No.: _	Sort Code:
Signature:		Date: / /
Signature 2 (if required):		Date: / /