**STANDING ORDER IN FAVOUR OF THE DIOCESE OF PORTSMOUTH BAMENDA COMMISSION**

Portsmouth Roman Catholic Diocesan Trust. Registered Charity No: 246871

**PLEASE PRINT IN BLOCK CAPITALS (please complete as an individual person for Gift Aid purposes)**

**Title** ……………. **First Name** …………………………………………………… **Surname** ………………………………………………………………….

**Address** ………………………………………………………………………………………………………………………………………………………………………………..

**Postcode** …………………………. **Tel/Mobile** …………………………………… **Email** ………………………………………………………………………..

My payments of £ …….…… will start on the …….…. day of …………….…………………..…….…………………. 20…… by standing order

I will give on the following schedule (please tick one):

   ꙱ Weekly ꙱ Monthly ꙱ Quarterly ꙱ Annually

꙱ **I want to Gift Aid my donation of £\_\_\_\_\_\_\_\_\_\_\_ and any donations I make in the future or have made in the past 4 years to Portsmouth Diocesan Trust.**

**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.**

**Signature** ………………………………………………………………………………………….. **Date** ………………………………………………………….

Please complete the Standing Order form below to confirm your commitment or tick the box if you wish to set up the standing order form yourself via online banking ꙱

Please send completed forms to Colm Lennon, Treasurer Bamenda Commission, 12 Murdoch Road, Wokingham, RG40 2DE

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**Bamenda Commission, Portsmouth RC Diocesan Trust**

Administered by: Portsmouth Roman Catholic Diocesan Trustees Registered

**STANDING ORDER FORM**

**NAME AND ADDRESS** **Bank** ………………………………………………………………………………………………………………………………………

**OF YOUR BANK IN** **Address** ………………………………………………………………………………………………………………………………….

**BLOCK CAPITALS** …………………………………………………………………………………………………………………………………………………

**Please pay to**  **SORT CODE: 30-93-04 ACCOUNT NUMBER: 00867633**

**the credit of:** **ACCOUNT NAME: PRCDTR Bamenda Commission**

**BANK: LLOYDS BANK PLC, PALMERSTON ROAD, SOUTHSEA**

**Quoting Ref:** **YOUR NAME:** ……………………………………………………………………………………………………………………….

(Please insert your name as it appears on your cheque book in BLOCK CAPITALS)

**The sum of £………….. Amount in words**: …………………………………………………………………..…………………………………………..

**WEEKLY / MONTHLY / QUARTERLY /ANNUALLY** (please delete as appropriate)

**Starting on:** **Date** ………………………………………………………………………………………………….. until further notice

**Debit my account: Name**  …………………………………………………………………………………………………

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

**Sort Code** …………………………………………………………………………………………

**Signature:** ……………………………………………………………………………… **Date:** …………………………………………

*This Order cancels any existing Order in favour of the above Account and Sort Code Number*

**GDPR Notice** - Information provided on this form, together with all other personal data held about these individuals by the Parish and the Diocese of Portsmouth, is processed in accordance with the Diocese's Privacy Notice which can be obtained from [www.portsmouthdiocese.org.uk/gdpr](http://www.portsmouthdiocese.org.uk/gdpr) or from the Department for Administration.