HEALTHY FINANCES
Giving to God's Mission: My Response

(Confidential to the Treasurer's Team)

Name/s (print) ……

Address ……

……

Post Code ……

1. **I / we have given prayerful consideration to my / our giving, and wish to make the following response:**

   I / we have decided that I / we shall give to the work of Holy Trinity

   Each week / month / quarter / other £……

   This represents an increase / a decrease (Delete as appropriate)

2. **I pay Income Tax and wish to Gift Aid my donations**

   I have already completed a Gift Aid form ☐

   I will complete a Gift Aid form (*one per taxpayer*) ☐

3. **I / we wish to pay by the following means**

   By new Standing Order ☐

   I will amend my current Standing Order ☐

   By joining the Church giving envelope scheme ☐

Bank details:
Nat West Redhill Sort Code: 54-30-36 A/C No: 23559551 A/C name: 'Redhill Holy Trinity PCC'

Signed ……

Date ……

ht Redhill