

**Please Support A Parish Nurse**  
**for**  
**The Parishes of St Goran and St Michael Caerhays**

**St Goran & St Michael  
Caerhays Parish Nurse Fund**

I/We wish to become a Donor.

Names -----

Address -----  
 -----  
 -----

Postcode -----

Email Address -----

Please complete the Standing Order opposite and send it to your bank. This part of the form should be sent to our treasurer

Mr John Woodbridge,  
Mirembe, Cliff Rd, Gorran Haven,  
St Austell PL26 6JW

- I have sent the standing order to my bank for £ ..... p/a p/m delete as applicable
- I enclose a cheque payable to St Goran PCC Parish Nurse Fund for £ .....

If you are a tax payer, please sign below if you would like St Goran Church (Parish Nurse Fund) to benefit by Gift Aiding your donation

I want the PCC to treat the enclosed amount as a Gift Aid donation and all donations I make from the date of this declaration until I notify you otherwise as Gift Aid donations. (You must pay an amount of income tax and/or capital gains tax at least equal to the tax that the charity reclaims on your donation in the appropriate tax year)

Signed ..... Date .....

**Standing Order Mandate**  
**Customer Details**

|                                       |           |
|---------------------------------------|-----------|
| Account Name                          |           |
| Bank/Building Society and Branch Name |           |
| Address                               |           |
|                                       | Post Code |

Please Transfer from my account

Sort Code

Account Number

The Sum of

£  -

monthly/  
annually  
*(delete not required)*

on (date)

**Payee Details**

Bank

Natwest Bank, 1 Church St,  
St Austell PL25 4AW

Name of Organisation

St Goran PCC Parish Nurse Fund

Sort Code

- 
 

 -

Account Number

**Confirmation**

My Name ( please print)

Customers Signatures(s)

Date