



INCLUSIVE CHURCH
Registered charity no 1102676

Standing Order Form

To the Manager of: (Please enter name of bank / building society)		
Branch Address:		
Account name:		
Account number and sort code:		

Please pay to InclusiveChurch £ (and write amount in words) _____
 _____ each month / quarter / year (delete as appropriate) commencing on ____ / ____ / ____
 and thereafter until I give further notice. This cancels all previous instructions for payments to
 Inclusive Church.

Signature: Date:

To the Manager: Please pay to the credit of InclusiveChurch account 00013299 at the CAF Bank Ltd,
 25 Kings Hill Avenue, Kings Hill, West Malling, Kent, ME19 4JQ, sort code 40-52-40.

Name: (Block capitals please)	
Address:	
Postcode:	
Telephone / E-mail address	

Have you signed the Gift Aid declaration?

Please return this completed form to Revd Clare Herbert, National Coordinator, Inclusive Church, St John's Vicarage, Secker St, SE1 8UF