



STOCKTON TOWN PASTORS
Care and Compassion in the
Night-Time Environment
 registered charity no. 1143017

If you would like to support the work of
STOCKTON TOWN PASTORS
 please complete this form using a ball
 point pen and return it, with your gift, to:
 Stockton Town Pastors,
 c/o Stockton Baptist Church,
 The Square,
 Stockton-on-Tees, TS18 1TE

Title: _____ Forenames: _____
 Surname: _____
 Address: _____

 Post Code: _____ Tel: _____

If you are happy to be contacted by email, please tick this box
 and write your email address below

Email: _____

Please tick the appropriate box:
 I want to give a one-off donation of £
 I wish to give regular donations of £
 * Monthly / quarterly / annually
 (* please delete as necessary)

For regular giving, please complete the Standing Order form overleaf

GIFT AID DECLARATION Make your gift worth 25% more with Gift Aid

I am a UK tax payer. I want **STOCKTON TOWN PASTORS** to reclaim tax
 on this donation and all donations I make; from the date of this declaration
 until I notify you otherwise.

Signature _____ Date _____

I am not a tax payer / I do not wish you to reclaim Gift Aid on my donations

Please notify us if you cease to pay tax or you change address
STANDING ORDER FORM

If you would like to give regularly to **Stockton Town Pastors (registered charity**
no. 1143017, please complete the following form using a ball point pen and send to:

Stockton Town Pastors
 c/o Stockton Baptist Church,
 The Square, Stockton-on-Tees TS18 1TE

Name and full postal address of your Bank or Building Society:
 To: The Manager _____ Bank/Building Society
 Address _____
 _____ Post Code _____
 Sort Code _____ Account Number _____

Please pay **NATWEST** for the account of **STOCKTON TOWN PASTORS**
 Sort Code: **55 – 81 – 44** Account Number **1 0 0 9 0 1 2 6**

the sum of £ _____ words: _____

* Monthly / Quarterly / Annually (* please delete as necessary)

Please make the first payment on the:
 _____ (day) of _____ (month) 20 _____ (year)

and on the same day of the month thereafter until further notice.

Full Name: _____

Address: _____

 _____ Post Code: _____

Signature: _____ Date: _____