



**PLEASE COMPLETE ALL SECTIONS OF THIS FORM IN BLOCK CAPITALS**

To (Name of Bank)

Address

Post Code

Account Holder(s)

Address

Post Code

Sort Code

Account Number

Please pay the sum of

£

Monthly\*

Quarterly\*

Annually\*

\* Delete as appropriate

Commencing on

and thereafter until further notice

Signature:

Date:

/ /

Please cancel any existing standing order for the  
above account for:

£

**THE LOURDES PILGRIMAGE GIFT AID ORGANISER TO COMPLETE THE FOLLOWING:**

To: HSBC Bank plc,  
69 Pall Mall, London, SW1Y 5EY

LPT:

Sort Code

Account Number †

4 0 0 5 2 0

Gift Aid Declaration Number:

**PLEASE RETURN THE COMPLETED FORM TO THE LOURDES PILGRIMAGE OFFICE**