

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

To (Name of Bank)																				
Address																				
Post Code																				
Account Holder(s)																				
Address																				
Post Code																				
	POST	Code																		
						Account Number														
Please pay the sum of £							Monthly			/*	Ou	Quarterly*		Annually*						
r rease pay																				
* Delete as appropriate																				
Commencii							and thereafter until further notice													
Signature:										Date	2:		/	/						
												1					_ ¬			
Please cancel any existing standing order for above account for:									or the				£							
above account to:																				
THE LOURDES PILGRIMAGE GIFT AID ORGANISER TO COMPLETE THE FOLLOWING:																				
To: HSBC Bank plc, 69 Pall Mall, London, SW1Y 5EY									LPT:											
69 Pall Mall,	London	1, 50011	5EY																	
Sort Code								Account Number ‡												
4 0	0	5	2		0															
Gift Aid Decla	<u> </u>	Numb	er:																	

PLEASE RETURN THE COMPLETED FORM TO THE LOURDES PILGRIMAGE OFFICE

Version: September 2020

The Arundel and Brighton Diocesan Trust is a Registered Charity No. 252878