

**Churches
serving
secondary
schools in
Redhill and
Reigate.**



**Encounters
90 High Street
Reigate
Surrey
RH2 9AP
01737 224854**

Financial Support—Individual Donation

Full name:
Address:

Email:

Postcode:

Telephone no:

Church attended:

Please indicate your choice:

I pledge to provide £ each year for the next three years

I wish to make a single contribution of £

Signed

Date

Gift Aid declaration—please sign if this applies to you:

I declare that I am a UK taxpayer, resident in the UK for tax purposes. This declaration confirms my wish to make donations under the Gift Aid scheme and applies to all donations made from the beginning of the current tax year. I understand that I must pay an amount of Income Tax or Capital gains Tax in the relevant year at least equal to any tax reclaimed by Encounters in that year.

Signed

Date

Supporters are sent Newsletters and Prayers letters to keep you informed of our activities. Please make cheques payable to **Urban Saints** and send payment to: Encounters, 90 High Street, Reigate, Surrey RH2 9AP

Many Thanks for your support,

Gerald Day, Project Chairman

**Encounters provides Christian education,
example and engagement.
We are associated with the Schools Ministry
Network and Crusaders, Reg Charity 223798.**



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Standing order

If you would like to make a regular donation, please complete this form (and Gift Aid form overleaf if appropriate) and send it back to Urban Saints. Please do not send it to your bank.

To The Manager,.....Bank PLC,Address.....

.....Post Code.....

Sort Code Account No.

Please pay Lloyds TSB Bank PLC, Chequer Street St. Albans branch (Sort Code 30-97-25), 36 Chequer Street, St. Albans, Herts. AL1 3YQ for the account of Crusaders, account number 00290939,

The sum of £.....(amount in figures)

.....(amount in words) on the(day) of(month).....(year) and

monthly/quarterly/annually* (delete as applicable) until further notice.

Account name.....Address.....

.....Post Code.....

Please allow two weeks between the date you return this form and the date of the first payment, for processing by Urban Saints and the bank.

If I wish to cancel or amend this instruction, I will notify the bank and Urban Saints in writing.

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

For Office and Bank use only: Bank to quote reference_____
Please cancel existing s/o reference_____

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