

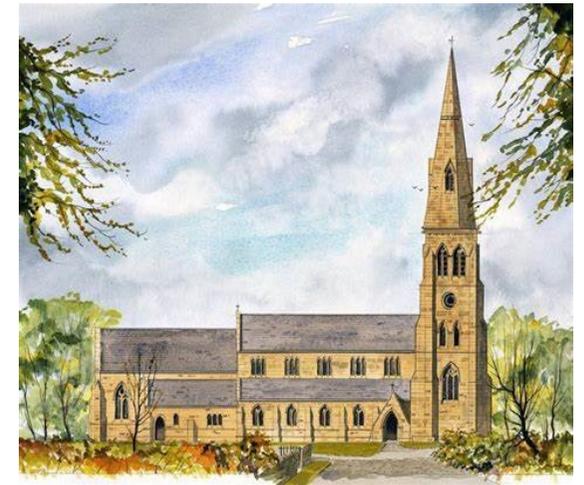
Thank you for taking the time to think and pray about how you might be able to help maintain the Holy Trinity's' presence of and work in our town.

When everyone has returned their forms we will be able to tell you the results of our giving campaign

We want to hear from you whatever your response to our giving campaign is....

Please return this form ASAP (no later than early November) in a sealed envelope to your Churchwarden or post to PGS, The HUB@St John's, Vicarage Lane, Knaresborough, HG5 9AE

All names and returns will be kept confidential to the treasurer.



HOLY TRINITY

*'Giving in Grace'*

RESPONSE FORM

Stewardship Campaign 2022



## PART A - Parish Giving Scheme

Name:.....

I wish to support Holy Trinity Church and intend to give £

each week  each Month

each quarter  each year

I have signed up to the Parish Giving Scheme

I am interested to know more about how the Parish Giving Scheme benefits the church

I am unsure how to join the scheme

*Joining this scheme allows Gift Aid to be collected automatically and is the favoured scheme supported by the Church of England.*

## PART B - Gift Aid Declaration

*Please complete this section only if you pay income tax.*

Please reclaim the tax I have paid on my giving

To the treasurer of Holy Trinity Church

Please treat all donations that I make from the date of this declaration until I notify you otherwise as Gift Aid donations.

I will inform you if, at any time, the amount of income tax or capital gains tax I pay is less than the amount of tax to be reclaimed on my giving.

Signed.....

Date.....

Full name.....

Address.....

.....  
.....  
.....

## PART C - Standing Order

I would like to continue to give by regular payment through my bank

To the Manager

Name and Address of your bank:

.....  
.....  
.....

Account No:.....

Sort Code:.....

Please pay to Barclays Bank, Harrogate  
Holy Trinity Church, Knaresborough  
Account number - 83836991  
Sort Code - 20-98-98

The Sum of £.....

Commencing :.....

Each week/month/quarter/year (Delete as applicable)

Account Name:.....

Signature:.....

Address:.....

.....  
.....  
.....