

Please complete this form clearly and accurately and RETURN by email as a scan or a photograph to cath.gaskell@liverpool.anglican.org Together with a copy of a paying in slip or cheque, for verification of the account details.

PARISH DETAILS

Church Name:						
Church Address:						
Postcode:						
City/Town/Village:						
PGS Parish code:	220		(to be completed by the diocese)			
Diocese:	Diocese of Liverpool					
CONTACT DETAILS						
CONTACT DETAILS Overall project leader in your Parish. Title/Name: Address:						
Contact number:		Email address:				
Treasurer. Title/Name: Address:						
Contact number:		Email address:				
PGS Statement Receiver. Title/name: Address:						
Contact number:		Email address:				
BANK DETAILS						
Parish or Church bank details. Name(s) of account holder(s): Name and full postal address of your Bank/Building Society:						

Sort code:		Account number	er:			
	\Box /					
•	•					
Signed & verified along with a copy and a confirmation person) Treasurer (sign)	of the minute n email to Cath	agreeing to jo h Gaskell from	in PGS or one a different aut	signature horising		
Incumbent (sign)print name:date:date:						
(If the Parish is in vacancy, a second church warden may sign in place of the incumbent)						
Church warden (sign	1)	print name:		date:		
This side is optional - Approximate numbers are						
acceptable						
Please do let us k	now the Mont	haı	nd Year	you		
plan to start the Parish Giving Scheme						
Giver INFORMATION:						
Total number of all regular planned givers						
Total number who have signed a Gift Aid Declaration						
Method of giving	Number of	Number of	Number of	Number of		
	weekly givers	Monthly givers	Quarterly givers	Annually		
				givers		
Standing order						
Envelope						

If possible please calculate the following collating all the methods of giving and frequency to produce an answer in terms of monthly giving.

Cheque

Smallest monthly donation £	Largest monthly donation
£	