

Standing Order Mandate
Thank you for your donations

The Church of Scotland

Kintore Parish Church
(Scottish Charity No. SC001406)



Kintore Parish Church

Please complete this page in Block Capitals, and send it to your bank

Your Bank details

To _____ Bank _____ Sort Code - -
_____ Branch _____

Branch Address

_____ Postcode _____

Your Details

Account Name _____ Account Number
Tel No - Work _____ Tel No - Home _____

Please set up the following Standing Order and debit my/our account accordingly

Organisation you wish to pay

Name of Organisation **Kintore Kirk Session**
Bank and Branch Name **Clydesdale Bank plc, Thainstone, Inverurie**
Account Number Sort Code - -
Reference to be quoted (helps identify the payments) _____

About the Payments

Amount Details

Amount of payment £ _____
Amount of payment in words _____

When Paid

Date of payments _____ Frequency _____
e.g. 7th of the month *e.g. Weekly, Monthly, Quarterly, Yearly*

Commencing _____ / _____ / 2 0 _____ D D / M M / Y Y Y Y
Choose Total number of payments _____
OR Expiry Date _____ / _____ / 2 0 _____ D D / M M / Y Y Y Y
OR Until Further Notice

Special Instructions (e.g. say if this order replaces or is in addition to a previous order, and give details.)

Confirmation

Your signature(s) _____ Date _____ / _____ / 2 0 _____
D D / M M / Y Y Y Y

The information on this form is kept securely in the Church Office in accordance with our Data Protection Policy You can find out more about how we use your data from our Privacy Notice which is available from our website or from the Church Office. At any time you may request access to any data the church holds about you, or request that any information be deleted. Please get in touch. By giving us your contact details, you consent to us holding and processing your personal data.

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Only complete this page if you are 'Gift Aiding' your donation.

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Please complete this page in Block Capitals, and send it to
The Church Treasurer, c/o The Manse, 28 Oakhill Road, Kintore, AB51 0FH
or Email: treasurer@kintorekirk.org

Please note, if you do not pay tax, do NOT tick the 'Gift Aid' box.

About the Payments

Amount Details

Amount of payment £ _____

Amount of payment in words _____

When Paid

Date of payments

Frequency

e.g. 7th of the month _____

e.g. Weekly, Monthly, Quarterly, Yearly _____

Commencing _____ / _____ / 2 0

D D / M M / Y Y Y Y

Choose Total number of payments _____

OR Expiry Date _____ / _____ / 2 0

D D / M M / Y Y Y Y

OR Until Further Notice

Gift Aid Yes No

I have ticked the box headed 'Gift Aid?' ✓ and I confirm that I am a UK Income or Capital Gains taxpayer. I have read this statement and want the charity named above to reclaim tax on the donation detailed above, given on the date shown. I understand that if I pay less Income Tax / or Capital Gains tax in the current tax year than the amount of Gift Aid claimed on all of my donations it is my responsibility to pay any difference. I understand the charity will reclaim 25p of tax on every £1 that I have given.

Donator's Full Name <small>(First name & surname)</small>	Donator's Home Address (including postcode) <small>Only needed if you are Gift Aiding your donation. Do not give your work address if you are Gift Aiding your donation.</small>
1	
2	
3	
4	

Confirmation

D D / M M / Y Y Y Y

Your signature(s) _____

Date _____ / _____ / 2 0

Date _____ / _____ / 2 0

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