

How to give to the Shrewsbury Abbey Organ Fund

Please complete and return this form under confidential cover marked "Abbey Organ Fund Appeal" to the
Shrewsbury Abbey Office, Abbey Foregate, Shrewsbury, SY2 6BS

Forename	Surname
Home address (including postcode)	
Date	Donor's Signature
I wish to support the Shrewsbury Abbey Organ Fund Appeal and would like to give * £.....(insert amount) <i>OR</i> *make regular donations of £.....(insert amount) per month (*please delete as necessary)	
*I enclose a cheque payable to Shrewsbury Abbey Restoration Account, or * A completed Bank Standing Order Form (below), or * I will be setting up a on line payment to the Abbey's bank account, using the reference Organ Fund (*Please delete as necessary)	
BOOST YOUR PAYMENT BY 25p OF GIFT AID FOR EVERY £1 YOU DONATE	
Gift Aid is reclaimed by the Shrewsbury Abbey charity from the tax you pay for the current tax year. You address (above) is needed to identify you as a current UK taxpayer. In order to Gift Aid your donation you must tick the box below	
<input type="checkbox"/> I want to Gift Aid my donation of £..... and any donations I make in the future or have made in the past four years to Shrewsbury Abbey Restoration	
I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax then the amount of Gift Aid claimed on all my donations in that tax year is my responsibility to pay any difference. (Please notify us if you want to cancel this declaration, change your name of home address, no longer pay sufficient tax on your income and/or capital gains)	
Signed.....	
Date.....	
BANK STANDING ORDER FORM	
Shrewsbury Abbey , Shrewsbury Abbey Office, Abbey Foregate, Shrewsbury, SY2 6BS	
To: The Manager	Bank Ltd
Bank Branch and Address	
On.....(date of first payment) please pay the sum of(in words) (£.....) from my current account.....	
To: Lloyds Bank 16-31-23 for the credit of Shrewsbury Abbey Restoration Account, , account number 10129838 and thereafter make similar monthly payments for a period of(insert number of years) until.....(last payment date)	
Date	Signature
Full Name (please print)	