

Like good stewards of the manifold grace of God, serve one another with whatever gift each of you has received

1 Peter 4:10



Without you, our parish would not exist.

THANK YOU!

- ✓ **To all our parishioners and families**, for faithfully attending Mass and participating in the spiritual life of our parish.
- ✓ **To our volunteers**, who use their energy, time, skills and talents to complete all the important jobs that are integral to the life of our parish.
- ✓ **To our regular givers**, for ensuring we maintain and grow our parish mission, handing our parish on to the next generation in even better condition than when we received it.

If you have any questions, please ask a volunteer after Mass or contact:

Parish Priest: Fr Peter Newby

Address: 130 St Margarets Road, Twickenham, Middlesex, TW1 1RL

Tel: 020 8892 3902

Email: stmargaretsonthames@rcdow.org.uk

To stay informed or donate to our parish online, please visit

www.stmargaretsrchurch.co.uk

WEEK 3

**ST MARGARET
OF SCOTLAND
CATHOLIC CHURCH**

ST MARGARETS-ON-THAMES



TIME, TREASURE & TALENTS

**MY PARISH
COMMITMENT**

WRCDT - Charity Number 233699

1 My Details: [PLEASE USE BLOCK CAPITALS]

Title First Name:..... Surname:

Address.....

.....Postcode

Tel.....

By giving you my telephone number, I consent to being contacted via this method.

Email

By giving you my email, I consent to being contacted via this method.

2 **I would like to Gift Aid my donation.** [PLEASE TICK ✓]

I would like the Diocese of Westminster to treat all qualifying donations I have made since the **6th April 20.....***, and all donations I will make in the future until I notify you otherwise, as Gift Aid donations. I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax in the current tax year than the amount of Gift Aid claimed on all my donations, it is my responsibility to pay any difference.

Signed: Date:

**We can back-claim Gift Aid for up to the last 4 years, so please insert year as applicable.*

Please notify the parish if your name or address changes, or if you no longer pay sufficient income tax or capital gains tax.

For official use only Parish Code: **STMOT** GAD:

3 Protecting your privacy

As a member of this parish, you are part of the Diocese of Westminster (registered charity number 233699), and as such your personal details and donations will be stored securely on the Diocese of Westminster’s database. We comply with data protection regulation and the Fundraising Regulator’s code of practice. We will never sell your data to third parties. We (your parish office and the Diocese) will use your details to administer your gifts, occasionally send you news on the work of the Church, and give you the opportunity to support appeals. We only share information with external organisations working on our behalf or when required by law (e.g. to claim Gift Aid). You can read our full privacy policy on rcdow.org.uk/diocese/privacy-policy. To update your contact preferences, email supportercare@rcdow.org.uk or call 020 7798 9025.

4 I would like to make my contribution by: [PLEASE TICK ✓]

Standing Order - £..... month

Please complete the form on the next page and return to your parish

Weekly donation envelopes - £..... per week / month (circle)

Please send me more information about leaving a gift in my Will to my church.



5 I am setting up a **NEW** Standing Order
 I am **CHANGING** my **EXISTING** Standing Order

I have done this **myself**, using the bank details in Section C below quoting XOF + surname and first name:

6 Standing Order Instruction

A. To the Manager ofBank / Building Society

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

B. Account details

Name of account holder.....

Sort code

--	--	--

 Account Number

--	--	--	--	--	--	--	--

C. Payee details

Please pay the **HSBC Bank plc.** Account Number: **01094823** Sort Code: **40-05-20**

For the credit of **WRCDT St. Margarets-on-Thames**

Reference: **XOF + Surname and Initials**

D. About the payment

Payments to be made: Monthly Quarterly Half Yearly Yearly

1st Payment (please allow 30 working days): Date: Amount: £.....

Thereafter make payments on theday until further notice
(payments will be made until you cancel this instruction)

E. Confirmation

Title First Name:..... Surname:

Address:

.....Postcode

Customer Signature: Date:

NOTE TO THE BANK:

Please print reference XOF + DONOR’S SURNAME AND INITIALS on the bank statement.

Please complete & return this form to your parish, even if you are setting up a Standing Order yourself, for parish records & Gift Aid.