GIFT FORM

In returning this form, you are sending us with your personal data. To understand how we use it, read our **Privacy Notice** at www.english.op.org/privacy



Title(s	(s): First Name(s): Last Name(s):					
Home	Address (inc. Post Code):					
	Email:			. □ Send me campaign	updates by email.	
l wish	to give my / our support to the	e following:				
	General campaign contribution	-	your gift to th	ne area of greatest need, C	OR CHOOSE:	
	☐ Frassati Centre	☐ Church Buildings	🗆 Chւ	ırch Heating	☐ Friars	
□ la	nm interested in making a large	er gift and would like to discu	uss this (we v	vill contact you).		
□ Iv	vish to set up a recurring dona	tion (use the Standing Order	form below	or go to www.holycros:	sleicester.org/200	
□ Iv	I wish to donate the following sum now: £ by means of:					
	Cheque (payable to 'The Don	ninican Council') 🔲 Cash	(please hand	d deliver; don't send by	post)	
	Credit/Debit Card - go to w	ww.holycrossleicester.org/20)0 □ B an	k Transfer (we will send	d you account detai	
□ Le	Legacy Giving. I am interested in leaving a gift in my / our Will. Please send further information.					
CIF	T AID DECLARAT	TION				
	JK taxpayer and would like the cha					
pay in a giv identify yo					Ionations in that tax rity from the tax you me address is needed to	
STA	NDING ORDER N	MANDATE				
From:	[your name]:					
[your a	nddress]:			·······		
To the	manager: Bank Name:					
Bank E	Branch Address & Postcode:					
	pay Royal Bank of Scotland, PO Borthe credit of The Dominican Cou					
the sum of [in figures] £[in words]					Holy Cross is run by the charity 'The English Province of the Order of	
on/ [date of 1st payment] and then				of the Order of o. 231192 (England &		
month	nly / quarterly / annually [delet	e as applicable]		Wales) and SC03	9062 (Scotland).	
until _	// [optional date o	f last payment] OR until furthe	r notice,			
and debit my/our account accordingly.			CONTACT I	DETAILS		
Quoting reference [charity to complete]			For further informati			
Account name:				please contact:		

RETURN THE WHOLE FORM TO:

Sort code:Acc. no.:

Signature: Date: / /

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