

When completed, please return the whole of this form in the Freepost envelope provided or post it to:

Retired Priests Appeal Office  
The Presbytery  
Holy Trinity Church  
Boundary Road  
NEWARK  
NG24 4AU

[srpfappeal@nrcdt.org.uk](mailto:srpfappeal@nrcdt.org.uk)



# DIOCESE *of* NOTTINGHAM

## Retired Priests Appeal

Nottingham Diocesan Sick and Retired Priests Fund · Registered Charity No. 510119

## About pledges

1. A pledge is a commitment to pay a certain periodic sum for a specific period of years. Its value to Nottingham Diocese is that it enables us to plan our future income with a degree of certainty.
2. Please let us know if your circumstances change so that you do not pay sufficient income tax and capital gains tax to cover the tax to be reclaimed on all of the gifts you make to charities. We will then stop reclaiming this amount. Similarly if you are unable to continue to make the payments to us then we will not expect you to continue with this pledge but do offer grateful thanks for your support so far
3. If you pay income tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self Assessment tax return or ask HM Revenue and Customs to adjust your tax code.

## Four-year Pledge form for individuals

Special forms are available for Companies and Partnerships. If you are a higher-rate taxpayer please contact us for further information and guidance.



# DIOCESE *of* NOTTINGHAM

## Retired Priests Appeal

Nottingham Diocesan Sick and Retired Priests Fund · Registered Charity No. 510119

Please give generously to the  
**Retired Priests Appeal**

Please read carefully before completing

Office reference

# Four-year Pledge (individuals)

Your full name in CAPITALS ▶ I   
(Mr, Mrs, Miss, or Title – Full Name)

Your parish name in CAPITALS ▶ of  parish

Your full home address in CAPITALS ▶ of   
  
  
(Address) Postcode

pledge with the RC Diocese of Nottingham that for 4 years (or during my life if shorter) I will pay direct to the Retired Priests Appeal the sum of

Amount you wish to pay each month/quarter/year ▶   
(Amount in words)

Delete and INITIAL the inapplicable words ▶ £  \* monthly / \*quarterly / \*annually  
(Figures) (delete as appropriate)

Date when payments are to start ▶ from the  day of  20   
(between the 1st & 25th of the month if possible)

Signed by me   
Your signature ▶

## Gift Aid Declaration *giftaid it*

Please treat this and all future donations as Gift Aid donations.

I am a UK taxpayer and understand that if I pay less Tax and/ 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

Please notify the charity if you: • Want to cancel this declaration • Change your name or home address  
• No longer pay sufficient tax on your income and/or capital gains.

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.

Signed by me   
Your signature ▶

Date of your signature ▶ on  20

Please ensure that all alterations are initialled

Please read carefully before completing

Office reference

# Banker's Order (We will send the Banker's Order to your bank)

Your full name in CAPITALS ▶ I   
(Mr, Mrs, Miss, or Title – Full Name)

Your full home address in CAPITALS ▶ of   
  
  
(Address) Postcode

request you to pay to Lloyds Bank PLC, 3rd Floor,  
Old Market Square House, Old Market Square, Nottingham NG1 6DF  
for the credit of the Nottingham Diocese Retired Priests Appeal  
(Account No. 43875068 Sort Code: 30-96-18)

Quoting reference   
(to be completed by the Retired Priests Appeal Office)

Amount you wish to pay each month/quarter/year ▶   
(Amount in words)

Delete and INITIAL the inapplicable lines ▶ £  \* monthly for 4 years (48 payments in all)  
(Figures) \*quarterly for 4 years (16 payments in all)  
\* annually for 4 years (4 payments in all)

Date when payments are to start ▶ starting on the  day of  20   
(between the 1st & 25th of the month if possible)

Signed by me   
Your signature ▶

Date of your signature ▶ on  20

To   
Name and full address of your bank in CAPITALS   
  
  
(Address) Postcode

Account number  Sort code

Please ensure that all alterations are initialled