

Please complete this form clearly and accurately and RETURN by email to <a href="mailto:cath.gaskell@liverpool.anglican.org">cath.gaskell@liverpool.anglican.org</a> or by post to Cath Gaskell St James' House, 20 St James Road, Liverpool L1 7BY together with a paying in slip, for verification purposes. Thank you.

## PARISH DETAILS

Church Name:					
Church Address:					
Postcode:					
City/Town/Village:					
PGS Parish code:	220		(to be completed by the diocese)		
Diocese:	Diocese of Liverpool				
CONTACT DETAILS					
Overall project leader in your Pa Title/Name: Address:	rish.				
Contact number:		Email address:			
Treasurer. Title/Name: Address:					
Contact number:		Email address:			
PGS Statement Receiver. Title/name: Address:					
Contact number:		Email address:			
BANK DETAILS					
Parish or Church bank details.  Name(s) of account holder(s):  Name and full postal address of your Bank/Building Society:					

Sort code:		Account number	ər:			
	$\Box$ /					
Signed & verified						
Treasurer (sign)		print name:		date:		
Incumbent (sign) (If the Parish is in va incumbent)						
Church warden (sign	ı)	print name:		date:		
This side is optional - Approximate numbers are						
acceptable						
It is just so we can plan on any help you require and the						
number of Gift forms needed						
Please do let us know the Monthand Yearyou						
plan to start the P	arish Giving S	cheme				
Giver INFORMATION:						
		nlanned give	re			
Total number of all regular planned givers						
Total number	er who have si	gned a Gift Aid	d Declaration_			
Method of giving	Number of	Number of	Number of	Number of		
	weekly givers	Monthly givers	Quarterly givers	Annually		
				givers		
Standing order						
Envelope						
Cheque						

If possible please calculate the following collating all the methods of giving and frequency to produce an answer in terms of monthly giving.

Smallest monthly donation £	Largest monthly donation
£	