

## Our Vision for St. John's

- A thriving, inclusive Church community for all ages gathered round the Lord's Table.
- A place of prayer and reconciliation in a divided world, bringing together our diverse community in dialogue and respect.
- A Church where everyone has something to offer, empowering us to live our faith in our daily lives at home, school, and work.
- Work with other Churches, faith groups, charities, schools, and local government serving the needs of the poor and marginalised in our Parish and further afield.
- A place of healing and wholeness for all, with Tea and Chat, Sunday Lunch Club, Bereavement Café, and the Decompress Group bringing people together.
- Creating a sustainable Church financially. Reducing our impact on the environment and caring for our historic building and the natural world around us.

## St. John the Baptist Old Malden



***Please return completed reply forms to the box in Church or send to the Parish Office, St. John the Baptist, Old Malden, Surrey KT4 7RY in an envelope marked for the attention of the Stewardship Officer. You may be assured that all enquiries will be treated in the strictest confidence. If you have any questions then email the Stewardship Officer at: [stewardship@stjohnsoldmalen.org.uk](mailto:stewardship@stjohnsoldmalen.org.uk)***



## St. John the Baptist Old Malden

### *Sharing God's Love*

**CONFIDENTIAL  
RESPONSE FORM**

**GIFT AID  
DECLARATION**

**BANKER'S  
STANDING  
ORDER**



## CONFIDENTIAL RESPONSE FORM

Giving thanks to God for all that God has given me and recognising my responsibility to share in the life, mission and upkeep of St. John the Baptist...

I wish to start giving on a regular basis  
£ \_\_\_\_\_ each week/month/year from  
\_\_\_\_\_ (insert date)

### OR

I wish to increase my giving to  
£ \_\_\_\_\_ each week/month/year  
from  
\_\_\_\_\_ (insert date)

### OR

I will continue my present giving of  
£ \_\_\_\_\_ each week/month/year  
I would like to give by Standing Order through  
my bank.

*Please update your giving by completing the  
Standing Order form on the right, or set it up  
via online banking.*

Full Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_  
Email \_\_\_\_\_  
Telephone \_\_\_\_\_

I am interested in leaving a legacy to St  
John the Baptist and would like more details.

I have some questions about giving and  
would like to discuss them further.

## GIFT AID DECLARATION

In order to Gift Aid your donation you must tick  
the box below:

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 St. John the Baptist.  
I am a UK taxpayer and understand that if I pay  
less Income Tax and/or Capital Gains Tax than  
the amount of Gift Aid claimed on all my  
donations in that tax year it is my responsibility  
to pay any difference.

My details:

Title \_\_\_\_\_

Forename(s) \_\_\_\_\_

Surname \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

Please notify us 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.

## BANKER'S STANDING ORDER

*Please either update your Standing Order on-  
line or complete the following and send to:*

Your bank \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_

*Pay to the account:*

The PCC of St. John the Baptist, Old Malden.

Barclays Bank

Sort code: 20-84-17

Account number: 70701491

The sum (in figures) of £ \_\_\_\_\_

Amount in words  
\_\_\_\_\_

Date of commencement  
\_\_\_\_\_

and a like sum every month/quarter/ half-  
year/year until further notice (*delete as  
applicable*)

Please debit my account as detailed below with  
each payment when made.

This order cancels an existing instruction for  
£ \_\_\_\_\_

each month / quarter / half-year / year  
(*delete as applicable*)

Signed \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Your Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_

Account Name \_\_\_\_\_

Account Number \_\_\_\_\_

Sort Code \_\_\_\_\_