

Friends of All Saints Pocklington Application Form

I wish to apply for membership of the Friends of All Saints Church Pocklington.

Title and Full Name	
Address	
Postcode	
Email address	
Telephone number	

I wish to give (£)	
Frequency	Once/Yearly/Monthly*
Start date	
Method of payment	Standing Order/Online transfer/Cheque*

**delete as appropriate*

Gift Aid

Please tick the box if you want us to reclaim tax paid on all your donations

I understand that I must pay enough tax on my income and capital gains to cover the tax that the Pocklington Church Friends will reclaim.

Membership Book

Please tick the box if you do NOT want your name in the Membership Book

Signed

Date

*Information given on this membership form will be held for contact purposes only.
Details will not be passed to third parties or used for any other purpose whatsoever.*

Please complete this form and return it to:
Pocklington Church Friends, Church Office, Pavement, Pocklington, York YO42 2AX