## COPY STATEMENT RECEIVER **REQUEST**



Date		1		1		
PARISH I	DETAI	LS				
Parish name						
Parish code						
CURREN	T STA	TEMEN	T RECE	IVER D	ETAILS	
Full name						
Address						
Contact no.						
COPY ST	ATEM	ENT DE	CEIVED	DETA	II C	
COPT 31	AICM	ENI KE	CEIVER	DETA		
Title	Mr	Mrs	Miss	Ms	Other	
Full name						
Address						
Email address						
Contact no.						
SIGNED	& VER	IFIED				
	9	SIGN			PRINT NAME	<b>DATE</b> (dd/mm/yy)

Tel: 0333 002 1260 Email: info@parishgiving.org.uk

**Treasurer** 

Incumbent

Ist Church warden