



CAVERSHAM THAMESIDE
AND MAPLEDURHAM
ST PETER | ST MARGARET | ST JOHN

To the Church of St Peter, Caversham

YES, I will do my part to help St Peter's continue to develop its witness and mission.

I pledge to give St Peter's **£** _____

per week per month per quarter, or per yr

Name _____

Address _____

Postcode _____

Signature _____ Date _____

***Please print this form, complete it and send to:
Hon Treasurer St Peter's, CTM Parish, Church House,
59 Church Street, Caversham RG4 8AX Thank you***

PLEASE COMPLETE SECTION A or B (Complete ONE section only. Tick relevant boxes)

A

Please send me the form so that I can give by the Parish Giving Scheme

B

I will give by
 Standing Order or Stewardship envelope
 I am a tax payer and would like a Gift Aid form