



CHURCH REGISTRATION FORM

Do you plan to use the PGS Gift Tokens in your parish?

YES/ NO (please circle one)

Your stewardship initiative.

Briefly describe how you are planning to motivate your donors to review their giving levels

Please tick the giving programme, if you are planning to use one, alongside the implementation of the PGS.

Diocesan Stewardship toolkit	<input type="checkbox"/>	We have run a programme in the last two years	<input type="checkbox"/>
Giving in Grace	<input type="checkbox"/>	Other (please name below)	<input type="checkbox"/>
Giving for Life	<input type="checkbox"/>	<input type="checkbox"/>
Rural Giving Programme	<input type="checkbox"/>	We would like the Mission Resourcing Officer to visit	<input type="checkbox"/>

When do you hope to run your stewardship programme?

When do you hope to begin using the PGS? Month Year

Statistical information - Approximate numbers are acceptable

Donor Information:

Method of giving	No. of weekly givers	No. of monthly givers	No of quarterly givers	No. of annually givers
Standing Order				
Envelope				

Number of all regular donors/planned givers

Number who have signed a Gift Aid Declaration

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

Thank you!

Dec- 2018

Registered England No. 8824540. Registered Charity No. 1156606



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The purpose of this form is to provide the PGS with Parish bank information and contact details to enable your Parish to participate in the Parish Giving Scheme.

PARISH DETAILS

Church Name:	
City/Town/Village:	
Church Code:	(to be completed by the Diocese)
Diocese:	

CONTACT DETAILS

Overall project leader in your Parish.	
Title/Name	
Address:	
Contact no.:	Email:
Treasurer.	
Title/Name	
Contact no.:	Email:
PGS Statement Receiver.	
Title/Name	
Address:	
Contact no.:	Email:

BANK DETAILS

Parish or Church bank details (please attach a copy of your paying in slip)	
Name of Account:	
Bank name & Address	
Sort Code:	Account Code:
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Signed & verified (confirming that all the above details are correct)

Treasurer (sign) Print name:

date:

Incumbent (sign) Print name:

date:.....

Churchwarden (sign)..... Print name:.....

date:.....

If the Parish is in vacancy, a second church warden may sign in place of the incumbent

Please complete both pages and post to Church Growth Administrator, Holywell Lodge, 41 Holywell Hill, St Albans, AL1 1HE

