Name and address of Parish Organiser:………………………………………………………

**PAYING-IN FORM**

**RIDE & STRIDE 13TH SEPTEMBER 2025**

**2220232022**

……………………………………………………………………………………………………………………

Post Code: ………………………… Daytime Telephone Number: …………………………………….

E-mail Address: …………………………………………………………………………………….…………..

Church \* to receive proceeds: …………......…………………………………………………………………………………………………….

 Post Code: ………………………………..

Church Bank Account Name: …………………………………………………………………………………

Sort Code:…………………………………………Number:…………….………………………………….

*\*Where more than one church is to benefit, please give details on reverse.* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PAYMENTS**

Please note that payments will only be acknowledged en bloc, at about the end of November

**BANK TRANSFERS:** to CHCT account with CAF Bank Ltd. Sort Code: 40 52 40. Account Number: 00031903. Please use reference R&S.

**CARD PAYMENT:** use the option on the donate button on the R&S pages of the website**.**

**CHEQUES:** Please make out cheques to Cambridgeshire Historic Churches Trust‘

|  |  |  |
| --- | --- | --- |
| **Enclosed Cheques Issued By:**  | **Bank Code No.**  | **Amount**  |
|   |  **/ /**  | **£**  |
|   |  **/ /** | **£**  |
|   |  **/ /** | **£**  |
|   |  **/ /**  | **£**  |

**TOTAL REMITTANCE £……………………**

Please send this form and any cheques to:

Post: Sue Holgate, CHCT Ride Administrator, 9 The Chase, Ely, Cambs CB6 3DR

Email: r-s-treasurer@camhct.uk Tel: 01353 668438