

Donation Form

Name (Dr/Mr/Mrs/Miss/Ms/Rev)

Address

Postcode

Telephone Email

- I wish to make a donation of £ _____
- I enclose my Cheque/Charity Voucher/Postal Order made payable to Evangelical Alliance
- Please debit my MasterCard/Visa/Maestro/Charity Card (Please delete as appropriate)

Card Number

Expiry Date Start Date Issue No

Card Security Code Signature _____

GIFT AID

Using Gift Aid means that for every pound you give, we get an extra 25 pence from the Inland Revenue, helping your donation go further.

- I want the Evangelical Alliance to treat all donations I have made since 1 April 2007 and all donations I make in the future as Gift Aid donations until I notify you otherwise.
- I want the Evangelical Alliance to treat all donations I have made since _____ and all donations I make in the future as Gift Aid donations until I notify you otherwise.
- I understand that I must pay an amount of United Kingdom Income Tax and/or /Capital Gains tax that is at least equal to the tax that the charity reclaims on my donations during the tax year.
of any changes in your tax status.

Full Name _____

Signature _____ Date _____

Please return this donation form to:
EVANGELICAL ALLIANCE UK, FREEPOST LON9560, LONDON, SE11 4ZX

Please tick this box if you require an acknowledgement

Thank you for your support

Data Protection Act 1998: By providing your personal details you agree to allow the Evangelical Alliance to contact you by mail, email, telephone or SMS text message in connection with its charitable purposes. Evangelical Alliance does not make personal data available to other individuals or organisations, except under confidentiality agreement to the Alliance's Local Evangelical Fellowships.
Each time you receive an email you will receive the unsubscribe from subsequent emails on the same subject."