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

☐ I wish to pay by Debit card/Mastercard/Visa/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 confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities or Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 25p of tax on every £1 and…

☐ … I want the Evangelical Alliance to claim tax on this donation.

☐ … I want the Evangelical Alliance to claim tax on any donations made since _____.

☐ … I want the Evangelical Alliance to claim tax on all my future donations until I notify you otherwise.

Full Name _____

Signature _____ Date _____

Please return this donation form to:
Freepost RTHK-ECJZ-HZYK, Evangelical Alliance, 176 Copenhagen Street, LONDON, N1 0ST

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. The Evangelical Alliance does not make personal data available to external individuals or organisations.

Registered charity in England and Wales no. 212325 and in Scotland no.SC040576