

EUROPEAN CHRISTIAN MISSION GIVING FORM

Please return to ECM: European Christian Mission, 50 Billing Road, Northampton NN1 5DB

Your Details:

Name: _____

Address: _____ Postcode: _____

Email: _____

Telephone: _____ Mobile: _____

I would like to: Find out more about ECM; please send me your magazine
 Find out how I can get involved – with time or resources
 Make a one –off donation by cheque
 Make a one-off donation by Credit card (**see below**)
 Become a regular giver and set up a standing order from my bank account (see below)


Where did you hear about ECM? _____

I would like to make a donation by Credit card:

Card Number: _____
Security Number: _____ Start Date: _____/_____/_____
Expiry Date: _____/_____/_____
Issue Number: _____ Name on card: _____
Amount £: _____ Signature: _____
Date: _____/_____/_____

I would like to become a regular giver and set up a standing order from my bank account:
Please debit my account as detailed below the sum of £_____ every month/quarter/year (*delete as appropriate*) with the first payment being on ___/___/___ and until further notice and credit these amounts to the account of European Christian Mission, A/c No. **3056715**, Sort Code **30-96-09** at: Lloyds TSB, George Row, Northampton, NN1 1DJ.

Account Name: _____ Account No.: _____
Sort Code: _____ To the Manager of: _____ (Bank/Building Society)
Bank Address: _____
Signature: _____ Date: _____


 I wish European Christian Mission to reclaim tax on all donations I have made since 6th April 2000, and all future donations I make hereafter (please tick if appropriate)*
(*Please note that for your gift to qualify for tax relief, you must be paying at least 28p in income tax for every £1 you donate.)