

ECM Ireland Donation Form

Please return to ECM Ireland, Ballymacoss Avenue, Lisburn, BT28 2GX, Northern Ireland



1. YOUR DETAILS

Name:	<input type="text"/>		
Address:	<input type="text"/>		
Post Code:	<input type="text"/>	Telephone:	<input type="text"/>
Email:	<input type="text"/>	Mobile:	<input type="text"/>

Please send me:

- | | | |
|---|-------------------------------|--------------------------------|
| <input type="checkbox"/> ECM Life (twice yearly) | <input type="checkbox"/> post | <input type="checkbox"/> email |
| <input type="checkbox"/> ECM's monthly prayer diary | <input type="checkbox"/> post | <input type="checkbox"/> email |
| <input type="checkbox"/> Eurolink (ECM Ireland monthly prayer resource) | <input type="checkbox"/> post | <input type="checkbox"/> email |

I would like to give towards the work of ECM or to a named missionary or project:

- | | | |
|---|------------------------|----------------------|
| <input type="checkbox"/> I have enclosed a cheque payable to ECM Ireland | £ <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> I can gift aid my donation/s - complete section 3 | | |
| <input type="checkbox"/> I do not require an acknowledgement | | |
| <input type="checkbox"/> I would like to become a regular giver and set up a Standing Order from my bank account - complete section 2 | | |
| <input type="checkbox"/> I am interested in legacy giving - complete section 4 | | |

2. STANDING ORDER DETAILS

- I have set this up through online banking and I'm sending this to ECM Ireland for information only
 I would like ECM Ireland to send this order to my bank to set up the Standing Order

Please deduct (amount in words) 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 Ireland**, Ballymacoss Avenue, Lisburn, BT28 2GX

Sort Code: 98-09-60 Account Number: 40615008

Bank Name:	<input type="text"/>		
Bank Address:	<input type="text"/>		
Account holder:	<input type="text"/>		
Sort Code:	<input type="text"/>	Account Number:	<input type="text"/>
Your signature:	<input type="text"/>	Date:	<input type="text"/>

FOR BANK USE ONLY: Paying bank please ensure that all backdated payments are made and the following reference number is quoted with all payments:

Reference

3. GIFT AID DECLARATION

I wish **European Christian Mission** to reclaim tax on any gift I have given in the last 4 years from this date:

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 do not qualify. I understand the charity will reclaim 25p of tax on every £1 that I give or have given in the last four years and that I will let the charity know when I need to cancel.

Full Name:	<input type="text"/>	Date:	<input type="text"/>
Signature:	<input type="text"/>		<i>giftaid it</i>

4. LEGACY GIVING

- I have included ECM in my will
 I would like to consider including ECM in my will

European Christian Mission Ireland
Ballymacoss Avenue, Lisburn, BT28 2GX, Northern Ireland

Telephone: 02892666044 Email: ecm.ni@ecmi.org Website: www.ecmireland.org

European Christian Mission Ireland is registered with the Charity Commission for Northern Ireland. Charity number 102665