

# Donation Form

**Please do not send this form directly to your bank. Please return to: the Inter Church Addictions Project, 294 Antrim Road, BELFAST BT15 5AA**

## **Bankers Order Form**

To the Manager (name of bank/building society)

\_\_\_\_\_

BranchAddress \_\_\_\_\_

\_\_\_\_\_

Please pay the **Inter Church Addictions Project, Account No. 06275189, Sort Code 98-00-40, at the Ulster Bank, Lombard Street, BELFAST BT1**

£ \_\_\_\_\_ each month/quarter/year Starting on: \_\_\_\_/\_\_\_\_/\_\_\_\_

Account No: \_\_\_\_\_ Sort Code: \_\_\_\_\_

Signed \_\_\_\_\_ Date: \_\_\_\_\_

**I wish to donate £ \_\_\_\_\_**

Cheque      Switch      Visa      Mastercard      *(please tick where appropriate)*

**Payment by cheque:** I enclose a cheque made payable to : '*Inter Church Addictions Project*'

*Post to :* **Inter Church Addictions Project, 294 Antrim Road, BELFAST BT15 5AA**

**Payment by Debit/Credit Card:** Please credit/debit my DEBIT/CREDIT Card

Account Name *(name on Card):* \_\_\_\_\_

Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Switch Issue No: \_\_\_\_\_ Card Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Gift Aid Declaration**

I am a UK Taxpayer and I want the charity to treat all donations I have made since 6 April 2000, and all donations I make from the date of this declaration until I notify you otherwise as Gift Aid donations

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Details of donor:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

E-mail Address \_\_\_\_\_

Mobile: \_\_\_\_\_

## **Inter Church Addictions Project (ICAP)**

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**www.icapni.org**