

SU E3 SCHOOLS PROJECT
EAST BELFAST



PLEDGE INFORMATION FORM

NAME OF CHURCH _____

CHURCH LEADER _____

Please fill in the details below and tick the statements that apply:

1. We would like to pledge £_____ per year to Scripture Union in support of this project.
2. We would like to make payments in honour of our pledge:
every _____ (month / quarter / year)
from _____ (date of first payment)
until _____ ('further notice' or date of last payment)
3. We would like to make payments by standing order and enclose a completed Banker's Order Form.
4. We enclose the first payment of £_____.
5. We would like reminders to be sent when payments are due.
6. Please send all correspondence in relation to this pledge to:

Name _____

Address _____

_____ Postcode _____

Tel _____ Email _____

Signed _____ Date _____

*Return to: Scripture Union 157 Albertbridge Road BELFAST BT5 4PS
Tel 9045 4806 Fax 9073 9758*