

E3 Schools Project - Ballymena
INDIVIDUAL PLEDGE INFORMATION
FORM



Name _____

Address _____

City/Town _____ Postcode _____

Tel _____

Email _____

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

1. I would like to pledge £_____ per year
until further notice to Scripture Union in support of the project.

2. I would like to make payments in honour of my / our pledge:

every (month / quarter / year)

from _____ (date of first payment)

until further notice/ _____ (date of last payment)
(complete as appropriate)

3. I would like to make payments by standing order and enclose a
completed Banker's Order Form.

4. I would like to make payments by cheque.

5. I would like reminders to be sent when payments are due.

6. Gift Aid: I want tax to be recovered on all donations I make to

Scripture Union Northern Ireland. I understand that I must pay
enough income or capital gains tax in each tax year to cover the amount of tax recovered.

Please Note:

- You are entitled to cancel this declaration at any time.
- Unless you do, we will continue to reclaim tax on all your giving.
- You must be a UK taxpayer, paying an amount of income tax or capital gains tax equal to the tax we redeem on your donations (currently 28p for every £1 you give)
- Remember to inform us if you cease to pay sufficient tax.

Signed _____

Date _____

BANKERS ORDER FORM

E3 Schools Project Ballymena

Please complete this form to make a regular gift from your bank account

Title and full name	
Your address	
Post Code	
To: The Manager	Bank
Name and full address of your Bank or Building Society	
Post Code	

Please pay **Scripture Union (Northern Ireland) SCHOOLS Account**
at the Ulster Bank, Arches Retail Park, Belfast, BT5 4AF (98-00-30)
for the credit of account no. **05395626**

the sum of		(figures)
each	month/quarter/year (delete as applicable)	
commencing on		

until further notice

Signature	
Date signed	

Account number	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Bank Sort Code	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
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Please return this form to
SCRIPTURE UNION, 157 ALBERTBRIDGE ROAD, BELFAST, BT5 4PS
 and **NOT TO YOUR BANK**



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