

Yes, I would like to help Christian Aid with a regular gift

PLEASE FILL IN BOTH SIDES OF THIS FORM USING BLACK INK AND BLOCK CAPITALS

Amount: £5	£10	£25	£50	or f						DIRECT Debit
Frequency: monthly quarterly twice a year yearly										
I would like my regular gift to be taken from my account on the 8th or the 25th of the month.										
Title:										
First name:										
Surname:										
Address:										
Town:										
Postcode:										
7 00100 001										
We would love to tell you how your support is making a difference!										
If you are new to Christian Aid and do not want us to write to you by post, or if we currently write to you but you would like us to stop, please tick this box.										
Christian Aid will never share your details with any other organisation. We will use the contact details you provide for fundraising and campaigning purposes. If you are happy for us to contact you by email or telephone, please provide those details below. By doing so, you consent to receive marketing from Christian Aid by these methods.										
Email:										
Telephone:										
Please return your co Christian Aid, R Please detach the si	egular Givin	g Team, PO			SE1 7R1	Г.		Forr	n continuec	l overleaf ⊏ ≯

Thank you for your regular gift - it will help some of the world's poorest people lift themselves out of poverty.



Registered with FUNDRAISING REGULATOR

Instruction t	o your bank or building socie	Debit				
To The Manager (name of your		Service user number [9 7 2 8 6 5				
Bank/building society) Bank/building [society address:		Branch sort code				
[Bank or building society account no.				
Town:						
Postcode: Signature(s):		Instruction to your bank or building society: Please pay Christian Aid Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may				
	Banks and building societies may not accept Direct Debit instructions for count holder(s)	remain with Christian Aid and, if so, details will be passed electronically to my bank/building society. Signed:				
Reference no.	(For office use only)	Date: D D M M Y Y				
Make your gift worth 25% more, at no extra cost to you. YES! I want to Gift Aid my donation of £ and any donations I make to Christian Aid in the future or have made in the last four years until further notice from me. Tick here: Today's date: DDMMYYY Today's date: Today's						



Please return your completed form to:

Christian Aid, Regular Giving Team, PO Box 100, London SE1 7RT.



 $\label{thm:please} \textbf{Please detach and keep your Direct Debit Guarantee}.$

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Please retain for your information

Direct Debit Guarantee

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit, Christian Aid will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Christian Aid to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by Christian Aid or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society. If you receive a refund you are not entitled to, you must pay it back when Christian Aid asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.