

MISSIONARY VENTURES - Gift Aid Form

To qualify for Gift Aid, what you pay in income tax or capital gains must at least equal the amount we will claim in the tax year. If you require further information please contact us.

Title _____ First Name _____

Last Name _____

Home Address:

Line 1 _____

Line 2 _____

Town/City _____

County _____

Postcode _____

Contact No _____

Email _____

I authorise Missionary Ventures to treat all donations I have made in the last 6 years, and all donations I make from the date of this declaration until I notify you otherwise, as Gift Aid donations.

Signed: _____ Date: _____

Thank You for supporting the work of Missionary Ventures. Please return this form to:

*Missionary Ventures,
Office 3, Champness Hall,
Drake St,
Rochdale,
Lancashire,
OL16 1PB.*