I would like to support a:

(Please tick)

Feeding Programme £5

☐ The Philippines ☐ India

Children's Homes General £10

☐ The Philippines ☐ India
☐ Thailand

Bible College Student £22

☐ India
☐ The Philippines

Pastor Support £30

☐ India
☐ The Philippines

Widow Support £5

☐ India
☐ Ethiopia

Child Sponsorship £18

☐ India ☐ The Philippines
☐ Ethiopia ☐ Vietnam
☐ Uganda ☐ European

☐ **5000 Club £1**

☐ A one off donation of £ _____

Gift Aid Declaration

giftaid it

As a UK taxpayer, I want WCM to reclaim tax on all my donations made after 6 April 2000.

☐ **Please tick here and make sure your signature is in the box below**
This will increase the value of your donations by 25%, that's £2.50 for every £10 you give.

Signature:

Date:

NB: You must pay an amount of Income Tax and/or Capital Gains Tax at least equal to the tax that the charity reclaims on your donations in the tax year.

Please complete all the details and return this form to:

World Christian Ministries
PO Box 300
Paignton Devon TQ4 6XW
Tel: 01803 663681
Email: Admin@wcm-online.co.uk

Your Details

☐ Mr ☐ Mrs ☐ Miss ☐ Rev ☐ Other

Your name:

Your address:

Postcode:

Your tel no:

Your email address:

WORLD CHRISTIAN MINISTRIES

Standing order & credit/debit card details on reverse

WCM holds your basic details for the purpose of sending you information on our work and keeping a record of your support.
We do not pass your details on to other organisations. Please tick if you would prefer not to receive further information from WCM. ☐

Your Bank Details

Account Name:

Account Number:

Bank Sort Code:

Name & address of your Bank/Building Society:

Postcode:

WORLD CHRISTIAN MINISTRIES

Instructions to your Bank

Please pay this sum to:

A/C Name: **World Christian Ministries**
A/C No: **00016665**
Sort Code: **40 52 40**

CAF Bank Ltd
25 Kings Hill Avenue
Kings Hill West Malling
Kent
ME19 4JQ

Please debit the following amount £ _____ Per Month Per Quarter Per Year

Starting on (Date): **Remitters Ref:** _____ (WCM Office Use Only)

Signature: Date:

We also accept donations by (Please tick)

MasterCard Visa Maestro Solo

Card No:

Expiry Date: Valid From: Issue No: Maestro cards only

Security Code: Last 3 digits on the signature strip of your card

Name on card: (BLOCK CAPITALS PLEASE) Date:

Signature: