

E.T.O. BANKERS ORDER FORM

Please complete in BLOCK CAPITALS and return to:

E.T.O. MINISTRIES
27 NEILS HILL PARK
BELFAST
BT5 6FL

Charity Reg No XR 31534 PASTOR / TEACHER / CHILD - SPONSORSHIP FORM
£25.00 PER MONTH MINIMUM REQUIREMENT

TO: The Manager,
Please pay: ULSTER BANK, CONNSWATER BRANCH, BELFAST (sort code: 98-00-30)

For the credit of: EDUCATE THE ORPHANS. **Account Number:** 09706034

The sum of £_____ (figures)

_____(words)

(Insert the amount of each monthly donation in both figures and words)

Commencing on (date)_____ and, continuing thereafter, monthly until further notice.

Name of your bank:

Address of your bank: _____

Post Code: _____

Name of account to be debited:

Account number to be debited: _____

Your home address: _____

Post Code: _____

Your signature(s) X _____

X _____

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HELP ETO THROUGH GIFT AID

If you pay income tax at the basic rate, or higher, Educate the Orphans will be able to claim a tax rebate on your donation. For every pound donated under Gift Aid, ETO will be able to reclaim 28p from the Inland Revenue. If you already contribute to ETO by Standing Order, we will need your signature on the following Gift Aid Declaration Form, for the Tax Office.

Name of Charity: **EDUCATE THE ORPHANS**. Charity No **XR 31534**

Details of Donor:

Title _____ Forename _____

Surname _____

Address _____

Post Code _____

I want Educate the Orphans to treat all donations I have made since 6th of April 2000, and all donations I make from the date of this declaration until I notify you otherwise, as Gift Aid donations.

Signature: _____ Date _____

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