

Regular Giving Form



Please use this form if you would like to give monthly to Revival Fires by card.

Type of card:

Visa

Master Card

Switch/Solo

Card Number _____|_____|_____|_____|_____

Start Date ____ / ____ / ____ Expiry Date ____ / ____ / ____

Security Number (back of card) _____

Switch Issue Number (front of switch card) _____

I authorise Revival Fires to charge MONTHLY the sum of £ _____
Starting on ____ / ____ / ____ and thereafter until further notice, on the above card.

Signature: _____ Date: ____ / ____ / ____

Title: _____ First Name: _____

Surname: _____

Address: _____

Town: _____

County: _____

Postcode: _____ Telephone: _____

Email: _____

Please treat this donation and any other donation I make as a Gift Aid donation.
I certify that I am resident in the UK and that I am a tax-payer.

Signature: _____

Please return this completed form to:

**Revival Fires, Apostolic Resource Centre, 117 - 120 Wolverhampton Street, Dudley,
DY1 3AL, United Kingdom**

T: 01384 239 943

F: 01384 250 739

Info@revivalfires.org.uk

www.revivalfires.org.uk