

I / We wish to support Street Angels - Christian Nightlife Initiatives:

Name: _____

Address: _____

E-Mail: _____

Phone: _____



I wish to make a one off donation £ _____
I wish to make a regular donation of £ _____ monthly
I wish to make a regular donation of £ _____ quarterly

First gift to be taken on _____ / _____ / _____

Name of Bank or Building Society: _____

Address: _____

Sort Code: _____ / _____ / _____ Account Number: _____

I wish to Gift Aid this donation, all previous donations from 1/4/2010 and all future donations until I give further notice*

** You must pay UK income tax and / or Capital Gains Tax equal to the amount of tax reclaimed on your donations. You must notify Street Angels Christian Nightlife Initiatives immediately if your circumstances change*

Signed: _____ Date: _____ / _____ / _____

Thank you for your support - please return to “Street Angels – CNI Network, Angels Rest / YMCA, 15 Crossley Street, Halifax, HX1 1UG” or scan and email to paul@sa-cni.org.uk

We will send you monthly email newsletters unless tick here _____

Street Angels - Christian Nightlife Initiatives is a Registered Charity (1136416) and Company Limited by Guarantee (07173090). Bank account: Co-Operative Bank, PO Box 250, Delf House, Skelmersdale, WN8 6WT. Sort Code: 08-92-99 Account Number: 65462379