

# I WANT TO BE PART OF A MIRACLE

## YOUR DETAILS

Title: Name:	Daytime Tel:
Address:	Evening Tel:
	Mobile Tel:
	Email:
	Year of birth <sup>†</sup> :

## DONATE NOW

- I would like to make a monthly gift of € \* starting on the 1st 8th 15th 28th (please circle one) of  month until further notice.
- I would like to make a single gift\*
- Please send me Tearfund's regular newsletters – *Tear Times* and *Prayer Diary*
- Please do NOT send me information about Tearfund's work by email

Our newsletter and emails will keep you informed about our projects and activities. You can unsubscribe at any time by calling us on 01 878 3200 or email enquiries@tearfund.ie

<sup>†</sup>This enables us to send you appropriate materials.

## TAX-EFFICIENT GIVING

\*If you donate over €250 in the tax year (€21 per month) and you are a PAYE worker, Tearfund Ireland can claim back the tax on your donation, significantly increasing the impact of your donation at no extra cost to you.

### REGULAR DONATION

Please complete and ensure that this form is returned to Tearfund Ireland, 5-7 Upper O'Connell Street, Dublin 1

DO NOT RETURN TO YOUR BANK

Name and full postal address of your Bank or Building Society

To the Manager:	Bank/Building Society
Full address of your bank branch:	
Name(s) of account holder(s):	
1)	2)
Bank/Building Society account no. <input type="text"/>	Sort code <input type="text"/>

Please pay a monthly donation to: Tearfund Ireland, AIB, 37/38 Upper O'Connell Street, Dublin 1

Account no.           Branch sort code       The sum of: €10\*  €21\*  €75\*  Other €

Amount in words

Beginning on

PPS number

Please return to Tearfund Ireland who will forward your standing order to your bank. Sending your standing order directly to your bank prevents us from linking it to your supporter information for tax purposes.

Signature:  Date:

### SINGLE DONATION

Please ensure that you complete the name and address section below

I would like to give €

- I enclose a cheque (payable to Tearfund Ireland)
- Please do not send me a thank you letter

Title: Name:
Address:

Daytime Tel:
Mobile Tel:
Email:
Signature:
Date:

### CREDIT CARD DONATION

Please call us on 01 878 3200 or give online at www.tearfund.ie



www.tearfund.ie

Tearfund Ireland, 5-7 Upper O'Connell Street, Dublin 1

enquiries@tearfund.ie 01 878 3200

Registered Charity No. CHY 8600

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We are bringing hope and demonstrating love to the most vulnerable and marginalised people – through the local church