

I WOULD LIKE TO GIVE

A ONE OFF GIFT OF...

Address:

PARTNER WITH **HEATHER*** EU.AIMINT.ORG/HEATHER

I want AIM to treat all gifts from...

Date:

Account Number:

Bank quoting ref:

office/bank use only

March 2016

as Gift

HEATHER

Portswood Church, Southampton; Mount Pleasant Gospel Hall, Lowestoft

Heather works on an Indian Ocean Island teaching literacy and numeracy to women with little or no formal education.

PLEASE SEND ME THEIR

PRAYER LETTERS...

If you would like to partner with **Heather** in your prayers, gifts and practical support, please complete this form and return to **Freepost RTJH-JRZE-XXKX Africa Inland Mission Halifax Place, Nottingham NG1 1QN.**

t.	by post	by email			Aided	
Please make cheques payable to AIM International un				until I notify you otherwise.		
			I am	not a taxpayer		
Your Name: Address:			pay less Income T year than the amo my responsibility	I understand that: I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax in the current tax year than the amount of Gift Aid claimed on all my donations it is my responsibility to pay any difference. AIM will reclaim 25p for every £1 that I donate		
Postcode:			Please notify AIN change your nam	Please notify AIM if you: want to cancel this declaration, change your name or home address or no longer pay sufficient tax on your income and/or capital gains		
Tel:	Email:		to receive the add	If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.		
We'd love to keep you posted about AIM's work. Tick the box if you don't want to be kept up to date.			For any querie	For any queries, email: financeadmin.eu@aimint.org		
I WOULD LIKE TO GIVE REG	ULARLY VIA ST	ANDING ORD	ER WITH			
£: in words	S:		a month	a quarter	a year	
Payable to AIM International , Sa 09-07-20 , Account 05566355 ,		Date:	until furthe	Date.		
,	starting on the	or on receipt if later				
Vour Names		Cianod:		Date:		
Your Name: block capitals		Signed:		Date.		
			d it to your bank.	Dutc.		

Postcode: