

Your details		
Title:	First Name(s):	Surname:
Address:		
☐ Please tick the In accordance v	ne box if you do not wish to receive email comm	Email: nunications from <i>Thrive Youth Ministries</i> . d your details and provide you with updates. If you do not wish to receive appeals or updates,
		One-off gift
payable to T	hrive Youth Ministries.	I enclose my cheque/postal order/ charity voucher made Date: Date
		Standing order
☐ Please set Amount of p Frequency o Date of first Date of last Name and fu	up a standing order directly with my up the following standing order and ayment: £ f payment (please tick):	debit my account accordingly:
		Branch Address: Postcode:
	Account Numb	
Signature:		Date: Date:
Account Det	Thrive Youth Ministries, C Sort Code: 40-52-40 Acc	AF Bank Ltd, 25 Kings Hill Avenue, Kings Hill, West Malling Kent ME19 4JQ ount No: 00021946
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donations (April to 5 A	until I notify you otherwise. I confirm that	stries to claim Gift Aid, on all donations I have made in the last year and all future I have paid or will pay an amount of income/capital gains tax for each tax year (6 of tax that all the charities (including churches) and Community Amateur Sports at tax year.
□ I am not a	UK taxpayer but will notify Thrive Youth N	Ainistries if my circumstances change.

Please complete this form and return it to

Thrive Youth Ministries
119 Cubbington Road, Leamington Spa CV32 7AP

Registered Charity No. 1145794