

GIVING FORM

We want to create a lasting harvest and be a part of raising £175,000 for the First Fruits vision of Hope City Church.

We would love to bring a gift of

£250 £500 £750 £1250
 £1500 Other:

Name(s)

Location

Address

Mobile

If giving cash/cheque, please use the offering envelope and state that your giving is towards First Fruits.

GIVING METHOD

Cash Card Cheque *(made payable to 'Hope City Church')*

Please allow 28 days to process your giving. Hope City Church is a multi-locational church, a part of the C3 Church family and a registered Charity No 1119791.
Registered Address: Hope City Church, The Megacentre, Bernard Road, Sheffield, UK, S2 5BQ
Tel: +44 (0)114 213 2070 | **Email:** anna.ibbotson@hopecity.co.uk

A HOPE BEYOND

23rd September 2018

MY
GIFT
AID
CODE

Initials

Date of Birth

Month of Birth

If you are a UK tax payer, please fill in your Gift Aid code so that we can claim gift aid on your donation. If you haven't created your gift aid code, please refer to the offering envelope on your seat.

Please make sure that your potential Gift Aid return on your giving does not exceed the amount of tax that you have paid.

Card Type

Visa

Mastercard

Delta

Maestro

Card No

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Start Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Expiry Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Issue No

<input type="text"/>	<input type="text"/>
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Security No

<input type="text"/>	<input type="text"/>	<input type="text"/>
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The last three digits on the back of your card

Name as shown on card

Card Holder's tel no

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Signature

Date