

Personal Details

Title:
Full Name:
Address:
Post code:
Tel:
Mobile:
Email:

Please treat as Gift Aid
donations, all qualifying



gifts of money made to The Abrahamic
Foundation in the last four years and from this
date onwards (please tick box)

I confirm I have paid or will pay an amount of Income Tax
and/or Capital Gains Tax for each tax year (6 April to 5 April)
that is at least equal to the amount of tax that all the charities or
Community Amateur Sports Clubs (CASCs) that I donate to will
reclaim on my gifts for that tax year. I understand that other
taxes such as VAT and Council Tax do not qualify. I understand
the charity will reclaim 28p of tax on every £1 that I gave up to 5
April 2008 and will reclaim 25p of tax on every £1 that I give on
or after 6 April 2008.

Signature


Date:

Payment Method & Amount

Amount you wish to donate : £

<input type="checkbox"/> CASH (enclosed)	<input type="checkbox"/> CHEQUE (enclosed) <i>Make payable to "The Abrahamic Foundation"</i>
<input type="checkbox"/> Pledge	<input type="checkbox"/> Credit Card / Debit Card
<input type="checkbox"/> BANK TRANSFER <i>Please put your name as reference</i> The Abrahamic Foundation, Islamic Bank of Britain Acc No: 01220301 Sort Code: 30-00-83	

Credit/Debit Card Information

Type of card (please specify):	
Card number:	<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"/>
Expiry date:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> Issue number (Switch or Solo) OR start date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Security code (last 3 digits on the back of card)	<input type="text"/> <input type="text"/> <input type="text"/> Signature :

STANDING ORDER

Islamic Bank of Britain - Sort code: 30-00-83 Acc no: 01220301

Please pay The Abrahamic Foundation a total of £	every month <input type="checkbox"/>	quarter <input type="checkbox"/>	year <input type="checkbox"/>
Starting on:	/	/ 20	
My Account number:	Sort Code:		
To: The Bank Manager (Bank Name)			
Bank Address:	Post code:		
Signature :	Date:		