



FREEDOM PARTNER MONTHLY GIVING FORM

Please complete sections 1 and 5 and all other relevant sections.

SECTION 1 – CONTACT DETAILS

Title: Mr Ms Mrs Other

Name: [_____]

Address: [_____]
[_____]

E-mail: [_____] Phone [_____]

SECTION 2 – MY INVESTMENT

Where my money will go: unrestricted urgent need fund Africa India Latin America
 Southeast Asia sex trafficking slavery sexual violence theft of land/property

Monthly amount: £50 £100 £200 other: [_____]

SECTION 3 – PAYMENT METHOD

Standing Order

I hereby instruct my bank to pay the amount set out above on my behalf on the [1st/15th*] of each month, starting from now, to:
National Westminster Bank PLC, Business Centre, 22 Market Square, Aylesbury, HP20 1TR for the credit of International Justice Mission UK. (Sort Code: 60-01-31 Account Number: 50554204)

Bank name and address: [_____]
(including postcode) [_____]

Account number: [_____] Sort code: [_____]

This payment [supersedes / is in addition to*] all previous standing orders made by me.

SECTION 4 – GIFT AID

I want International Justice Mission UK to treat as Gift Aid Donations all donations I have made since 6 April 2008 and all donations I make from the date of this declaration until otherwise notified.

- Notes:
1. You must pay an amount of income tax and/or capital gains tax at least equal to the tax that the charity reclaims on your donations in the tax year.
 2. You can cancel this declaration at any time by notifying the IJM UK.
 3. Please notify IJM UK if you change your name or address (see the address below).

SECTION 5 – SIGNATURE

I confirm that the details I have provided above are correct and that I authorise International Justice Mission UK to deduct the amount and claim any applicable Gift Aid as set out above.

Signature: [_____] Date: [_____]