Individual Partnership Application Form

Date		**Title:**
Full Name(s) **Inc. spouse if relevant**		
Address inc. postcode		
Mobile No.		**DOB:**
Email Address		
Church or Organisation		
Keep in touch (please tick)	☐ I would like to be kept up to date with TFH news by receiving regular emails. ☐ **I give permission to pass my details to the Evangelical Alliance as I understand membership to TFH includes automatic membership to the Evangelical Alliance**	

Giving	I would like to give £4 ☐ £10 ☐ £15 ☐ Other £_____ each month to strengthen the church in the Liverpool City Region.

GiftAid: If you pay UK tax we can reclaim 25p for every £1 you give, at no extra cost to you. Simply tick the box and print your name below to make your Gift Aid Declaration.

☐ Yes, I am a UK taxpayer and would like Together for the Harvest to reclaim tax on all my gifts*

Name of taxpayer _____

* I understand that Together for the Harvest will reclaim tax on all qualifying gifts made this year and in the future. If I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all charitable donations I make in that tax year it is my responsibility to pay any difference. It is my responsibility to notify the charity if my personal details change, of if I no longer pay sufficient tax, or cease to be a taxpayer.

Standing Order Request: Please pay Together for the Harvest, account number 82227894, sort code 40-29-08, HSBC, the sum of £_____ per month on the ____ day of _____ 20__ and thereafter each month. If I wish to amend this instruction, I will notify my bank & Together for the Harvest in writing.

Signed: **Date:**

Account Name:		Account No:		Sort Code:	

Bank Name Address inc. Postcode	

Please return to: Together for the Harvest c/o Frontline Centre, 147 Lawrence Rd. Liverpool L15 3HA