AddictionNI

Your alcohol and drug treatment charity

Support the work of Addiction NI

Addiction NI welcomes donations by cheque, made out to **NICAS** and sent to:
40 Elmwood Avenue, Belfast BT9 6AZ
Tel: 028 90664434

Credit Card donations can be made securely online at our website
www.addictionni.com

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Gift Aid Form

The UK government's Gift Aid Scheme means that for every pound you give, we can reclaim the tax you have already paid, making your donation(s) go even further.

Your name:

Address:

Telephone:

Email address:

Gift Aid statement:

☐ I want all donations I've made to Northern Ireland Community Addiction Service Ltd since 6 April 2010, and any donations I make in the future, to be treated as Gift Aid donations until I notify you otherwise.

Signature: **Date:**

We will not sell or swap your personal details with any other organisations.
☐ Please tick this box if you do not wish to receive further fundraising information from us

Please return your Gift Aid Form to:

Addiction NI, 40 Elmwood Avenue, Belfast BT9 6AZ. Thank you.

Support the work of Addiction NI…….with a regular gift

Addiction NI is a membership organisation. A regular gift of at least £10 a year will give you membership of Addiction NI and an invitation to our Annual General Meeting.

Name:

Address:

I wish to become a member of Addiction NI (a Trading Style of Northern Ireland Community Addiction Service Limited, a Company Registered in Northern Ireland No. 12654 Charity No. XN 45 132. **Please make cheques payable to NICAS.**

Signed: _____

Standing Order Form

Date:

To the Manager of **Bank / Building Society**

Address

I/We hereby authorise and request you to debit my/our account

Account Number **Sort Code** **Amount** £

Amount written in full _____

To be credited to Northern Ireland Community Addiction Service

__**Weekly** __**Monthly** __**Every 3 months** __ **Every 6 months** __**Annually** **(please tick)**

NICAS Account Number: 73393076 **Sort Code:** 93/80/92

NICAS Bank & Branch: First Trust Bank, 31-35 High Street, Belfast BT1 2AL

Payment Start date:

The Bank shall not be under any liability for damage or loss caused by omission to make these payments

Account Holder Name(s):

Signature: **Signature:**