

# Standing order mandate



www.childofhopeuganda.org

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Tel: 01202 605082

email: enquiries@childofhopeuganda.org

Registered charity no. 1136068

(England and Wales)

## 1. WHAT IS YOUR STANDING ORDER FOR?

- |  |   |
|--|---|
| <input type="checkbox"/> Child education sponsorship | <input type="checkbox"/> Food                 |
| <input type="checkbox"/> Teacher sponsorship         | <input type="checkbox"/> Medicines/healthcare |
| <input type="checkbox"/> Social worker sponsorship   | <input type="checkbox"/> Operational funds    |

## 2. YOUR PERSONAL DETAILS

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post code: \_\_\_\_\_

Tel no: \_\_\_\_\_

E-mail: \_\_\_\_\_

## 3. GIFT AID DECLARATION

Please treat... (tick the appropriate box)

- All gifts of money that I make today and in the future as Gift Aid donations; *OR*
- All gifts of money that I have made in the past 6 years and all future gifts of money that I make from the date of this declaration as Gift Aid donations.

You must pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April one year to 5 April the next) that is at least equal to the amount of tax that the charity will reclaim on your gifts for that tax year.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*giftaid it*

**Please notify Child of Hope if you:**

1. Want to cancel this declaration.
2. Change your name or home address.
3. No longer pay sufficient tax on your income and/or capital gains.

**Tax claimed by the charity**

The charity will reclaim 25p of tax on every £1 you give on or after 6 April 2008.

**If you pay income tax at the**

**higher rate**, you must include all your Gift Aid donations on your Self Assessment tax return if you want to receive the additional tax relief due to you.

## 4. YOUR BANK DETAILS

Bank name and address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Account name to be debited: \_\_\_\_\_

Account no: \_\_\_\_\_ Sort code: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

The sum of: **£** \_\_\_\_\_ In words: \_\_\_\_\_

Please pay: **HSBC**  
Sort code: **40 - 15 - 27**

For the credit of: **Child of Hope**  
Account no: **91406094**

**Frequency:** weekly/monthly/annually  
(circle one)

Commencement date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ and thereafter every \_\_\_\_ (date of month)  
until further notice from me/us in writing.

Quoting the ref: \_\_\_\_\_ (your surname) and debit our account accordingly.

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

Please complete this form and post it to Child of Hope at the address above. You can set up the standing order online, but please still complete sections 1, 2 (and 3 if relevant) and post the form to us (or scan and e-mail it).