

Set up a regular donation



www.childofhopeuganda.org

This form can be used to set up a regular donation to Child of Hope – either by internet banking or by standing order.

Admin office, 1 Old Kiln Road, Upton, POOLE, BH16 5SG
Tel: 01202 697201 • email: enquiries@childofhopeuganda.org
Registered charity no. 1136068 (England and Wales)

1. YOUR DONATION

How much is your monthly donation? £

What date should it be paid each month?

3. YOUR PERSONAL DETAILS

Name: _____ Title: _____

Address: _____

_____ Post code: _____

Tel no: _____

E-mail: _____

Please tick if you are happy to receive news from Child of Hope,
 by e-mail (monthly) and/or by post (once or twice a year).

2. WHAT IS YOUR DONATION FOR?

- Child education sponsorship
- Teacher sponsorship
- Social worker sponsorship
- Food
- Medicines/healthcare
- Operational funds

4. CHARITY GIFT AID DECLARATION

Boost your donation by 25p of Gift Aid for every £1 you donate. Gift Aid is reclaimed by the charity from the tax you pay for the current tax year. Your address is needed to identify you as a current UK taxpayer.

I want to Gift Aid my donation of £ and any donations I make in the future or have made in the past 4 years.

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

Signature: _____ Date: _____

This must be a real signature, not typed

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Please notify Child of Hope in the future if you:

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

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self Assessment tax return or ask HM Revenue and Customs to adjust your tax code.

5. HOW WILL YOU SET UP YOUR DONATION?

Please tick how you want to set up your donation:

- INTERNET BANKING: Please set up your monthly donation and post us this form, you don't need to complete section 6.
- STANDING ORDER: Please complete section 6 below and post the form to the above address.

6. BANK DETAILS (for standing order only)

Bank name and address: _____
_____ Postcode: _____

Account name to be debited: _____

Account no: _____ Sort code: ____ - ____ - ____

The sum of: £ _____ In words: _____

Please pay: **HSBC** For the credit of: **Child of Hope**
Sort code: **40 - 15 - 27** 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: _____

This must be a real signature, not typed