## Set up a regular donation

This form can be used to set up a regular donation to Child of Hope

by internet banking, standing order or PayPal/credit/debit card.



www.childofhopeuganda.org

## Admin office, 1 Old Kiln Road, Upton, POOLE, BH16 5SG Tel: 01202 697201 • email: enquiries@childofhopeuganda.org

## 1. YOUR DONATION

1. YOUR DONATION				charity no. 1136068 (England and Wales)
How much is your monthly donation?	£	3. YOUR PERSONA	L DETAILS	
What date should it		Name:		Title:
be paid each month?				
2. WHAT IS YOUR I	DONATION F			
Child education spo	onsorship	Tel no:		
Teacher sponsorship		E-mail:		
			happy to receive news fro	
Family Support Team sponsorship		by e-mail (month		(once or twice a year).
Medicines/healthcare				of Hope holding your information and
Operational funds		contact preferences on www.childofhopeuganc		privacy policy can be found at
by Child of Hope from to needed to identify you a you must tick the box by I want to Gift Aid in future or have made in I am a UK taxpayer and Tax than the amount of responsibility to pay an Signature:	25p of Gift Aid the tax you pay as a current UK pelow:  The donation of £ the past 4 year dunderstand the Gift Aid claime y difference.	for every £1 you donate. Gift A for the current tax year. Your act taxpayer. In order to Gift Aid you and any donation and any donation at if I pay less Income Tax and/d on all my donations in that tax	Idress is pur donation,  Is I make in the or Capital Gains or year it is my or the you don tax Cur	ease notify Child of Hope in the cure if you:  Want to cancel this declaration  Change your name or home address  No longer pay sufficient tax on your come and/or capital gains.  You pay Income Tax at the higher additional rate and want to receive additional tax relief due to you, a must include all your Gift Aid nations on your Self Assessment or return or ask HM Revenue and stoms to adjust your tax code.
		ip your monthly donation and po		t need to complete section 6
		0 - 15 - 27 Account no: 914		I
STANDING ORDER	R: Please comple	ete section 6 below and post the	form to the above addre	SS.
CREDIT/DEBIT CA	RD OR PAYPAL:	Please set up a regular donatio	n on the DONATE page of	the Child of Hope website.
6. BANK DETAILS (f	_	rder only)		
				Postcode:
Account name to be deb	ited:			
The sum of: £	Account	no:	Sort c	code:
Please pay: <b>HSBC</b> S	Sort code: 40 -	<b>15 - 27</b> Account no: <b>914060</b>	94 For the credit of: Ch	nild of Hope
Commencement date:	/	/		
Frequency: weekly/mo	onthly/annually	(circle one) and thereafter e	very (date o	f month) until further notice.
Quoting the ref:		(your surname)	and debit our account acc	ordingly.

Date:

Signature(s):