

I / we enclose a gift of:

 £100 £50 £25 £10 Other

Or a standing order for:

£

Per month/quarter/year
(Please, complete form overleaf)

For

 Teacher Sponsorship Programme Farm School General Fund Other projects. Please specify

Please, tick if you require a receipt

(If no designation, the gift will be applied where most needed)

Title

Forename & Surname

Address

Postcode

Phone No.

Email

**PLEASE COMPLETE THE
GIFT AID DECLARATION BELOW**

giftaid it

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.

In order to Gift Aid your donation you must tick the box below:

- I want to Gift Aid my donation and any donations I make in the future or have made in the past 4 years to Hope House Haiti (UK).
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

Please notify Hope House Haiti (UK) 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.

STANDING ORDER FORM

(PLEASE, COMPLETE BOTH SIDES OF THE FORM)

To _____ Bank/Building Society

Address _____

Postcode _____

Please, pay Hope House Haiti (UK) £ _____ each:

month

quarter

year

Beneficiary's name: *Hope House Haiti (UK)*

Account: Hope House Haiti (UK)

Bank: Barclays Bank

Branch: Burgess Hill

Account number: 93627675

Sort code: 20-49-76

Address: 3 Penshurst Close, Pound Hill, Crawley, West Sussex, RH10 7RJ

Start date:

End date:

Until further notice from me/us

Account number:

Sort code:

Signature _____

Title _____

Name _____

Address _____

Postcode _____

PLEASE COMPLETE THE
GIFT AID DECLARATION OVERLEAF

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