



Yes I would like to sponsor the children and work of ACTS OF HOPE.

Please complete this form and return it to the address overleaf. Thank you for your support. It helps to provide schooling for children who would otherwise receive no education.

Name and address.

Title: Name:

Address:

 Postcode:

E-mail address:

Mobile no:

Telephone no:

ACTS OF HOPE CHARITABLE TRUST

Please treat as Gift Aid donations all qualifying gifts of money made

today in the past 4 years in the future

Please tick all boxes you wish to apply.

I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities or Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 28p of tax on every £1 that I gave up to 5 April 2008 and will reclaim 25p of tax on every £1 that I give on or after 6 April 2008.

Name:

Signature:

Date:

Please complete this form and return to :

ACTS OF HOPE CHARITABLE TRUST reg: 1080001
23 Meadway Park
Gerrards Cross
Bucks
SL9 7NN

e: jwishney@actsofhope.org.uk
t: 01753 887226
www.actsofhope.org.uk

Standing Order.

Instructions to your Bank or Building Society.

Please pay Acts of Hope Charitable Trust from the account detailed in this instruction.

To the Manager: Bank/Building Society

Branch Address:

Post Code:

Name of account holder/s:

Account no:

Sort Code:

Please pay: Acts of Hope Charitable Trust,
HSBC Bank, 9, Penn Road, Beaconsfield, Bucks. HP9 2PT.

Account no: 21206842 Sort Code: 40-09-29

The sum of £ per month, commencing

and thereafter each month until further notice.



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DECLARATION