



**New Hope for Children**  
**Standing Order and Gift Aid Form**  
**Monthly Giving and/or Child Sponsorship**

**From:**

Full Name:

Address:   
 Post Code:

Telephone:  E-mail:

**To:**

Bank Name and Branch:

Account Holder Names:

Sort Code:

Account Number:

**Please pay to: New Hope for Children 20-62-09 Acc. 23825906**

The monthly amount of:  £  Start Date:  DD / MM / YYYY

For General Giving (Tick):  For Child Sponsorship:

Other Purpose (specify):  (Suggested £25.00 per month)

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

**Gift Aid Declaration:**

Boost your donation by 25p of Gift Aid for every £1 you donate

Name:

Address:

Telephone:  E-mail

(Tick) I wish to Gift Aid this monthly donation of £\_\_\_\_\_ and any donations I make in the future or have made in the past 4 years to New Hope for Children.

**OR**

(Tick) I wish to Gift Aid **only this** monthly donation of £\_\_\_\_\_.

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 that I make in a tax year it is my responsibility to pay any difference.

**Please notify the Charity if you:-**

- (1) want to cancel this declaration, (2) change your name or home address, or (3) no longer pay sufficient tax on your income and/or capital gains

**Privacy Declaration and Newsletters:**

Your details will be retained to comply with HMRC regulations in relation to Gift Aid and to allow us to send you a newsletter. We will keep your data secure and never pass your information to any 3<sup>rd</sup> party.  **Please tick to NOT receive newsletters.**

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

**Please sign, date and return this form to:**

**New Hope for Children, 71 Howard Street, North Shields, Tyne and Wear. NE30 1AF.**

**Thank You**