

New Hope for Children Single Donation and Gift Aid Form

Please fill in and return this form to us for:

To receive a thank you for your single donation and/or to Gift Aid your single donation.

Full Name:		
Address:		
		Post Code:
Telephone:		E-mail:
Details of my	donation:	
My Giving: S	ingle donatio	on of:
	_	on is for something specific:
DI TAG		COLLEC DAVABLE TO: NEW HORE FOR CHILDREN
		QUES PAYABLE TO: NEW HOPE FOR CHILDREN.
You col	uia aiso aona	ate to us via on-line banking or on justgiving.com
Gift Aid Decla	ration:	
dir Ala Decia	ii atioii.	Boost your donation by 25p of Gift Aid for every £1 you donate
(Tick) I wi	sh to Gift Aid	d my donation and any donations I make in the future or
have made in th		•
	OR	
[(Tick) I wi	sh to Gift Aid	d this donation only.
		that if I pay less Income Tax and/or Capital Gains Tax than the amount of a that I make in a tax year it is my responsibility to pay any difference.
Please notify the Ch	narity if you:-	
		on, (2) change your name or home address, or (3) no longer pay sufficient
tax on your	income and/or o	capital gains
Privacy Decla	ration and	Newsletters:
		omply with HMRC regulations in relation to Gift Aid and to allow
•		will keep your data secure and never pass your information to
any 3 rd party.	Please ticl	k to NOT receive newsletters.
Signature:		Date:
Please sign, date	and return tl	his form to:
New Hope for Ch	nildren, 71 Ho	ward Street, North Shields, Tyne and Wear. NE30 1AF.

Thank You