New Hope for Children

Registered Charity No. 1124015 c/o Whitley Bay Baptist Church, Park Avenue, Whitley Bay NE26 1DX, Tel: 0191 257 0313 / 07538 887 305
info@newhope4childrenuk.org www.newhope4childrenuk.org www.justgiving.com

Please complete this form and return to us as at the above address, or by email, so that we can acknowledge your donation, recover Gift Aid on your donation and/or send you our newsletters.

Title

First name or initial(s)

Surname

Full Home address

Postcode

Email

Date

Instructions

Please use my donation(s) for general funds ☐
Child sponsorship ☐ (suggested donation £30 per month) Other

If you wish to sponsor a child we will send you details of yo ur assigned child once we have received your first monthly payment and this form.

Gift Aid Declaration (boost your donation by 25p for every £1 donated) please tick the box below

☐ I want to Gift Aid my donation of £..... and any donations I make in the future or have made in the past 4 years to **New Hope for Children,** ☐ or I only want to Gift Aid this donation

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. Please notify the charity 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 tax

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 third party. **If you would like to receive a copy of our newsletter, please tick here** ☐

Online Banking / Standing Order Instruction to your bank:-

For online banking please use the details below, alternatively detach this form and send to your bank:-

Beneficiary Details:

Account Name: New Hope for Children
Account Number: 73012594 Sort Code: 40-52-40

To: Bank Name and Branch:

Account Holder Name:

Account Holder Signature:

Account Number

Sort Code

Monthly amount £

Date of first payment

Day of month for regular payments

Thank You