

The Smiles Foundation
P.O. Box HK 70, Leeds, LS11 6YR
Tel.& Fax: 0113-276-5060

The Smiles
FOUNDATION



SUPPORT DETAILS

Thank you for sharing the work of The Smiles Foundation with me.

- I would like to support the projects detailed below with a regular monthly gift. Please complete the Bank Standing Order form overleaf
- I would like to support the projects detailed below with a one time gift.

ALLOCATION OF SUPPORT:

- Where the need is greatest
- Smiles 100 Love Club (£30 per month)
- Smiles 200 Hope Club (£30 per month)
- Smiles 400 Faith Club (£32.50 per month)
- Specials – Christmas Sack of Smiles (£30 each)
- Specials – Christmas Food package (£20 each)
- Other (please detail) _____



Name: _____

Address: _____

Postcode: _____

Tel No.: _____ E-mail*: _____

I enclose a Cheque/Postal Order for £ _____ payable to Smiles.

I would like to Charge my Visa / Mastercard (Debit or Credit cards)

Card Number:

Valid From: ___ / ___ / ___ Expires End: ___ / ___ / ___ 3 Digit Security Code: ___ / ___ / ___

Signature: _____ Date: _____

Or you can make a secure online gift at www.thesmilesfoundation.org
or by **Telephone on 0113 276 5060**

Please send me further information on

- Mission Trips 2009
- Church Challenge
- Educational Challenge (May 24th -28th 2009)
- The Tileagd Choir Tour in _____ (please note town)
- I would like to be added to the e-mail list for regular updates. Please print your address very clearly in block capitals*.

If you are a UK tax payer, please complete the GIFT AID Declaration overleaf. Thank You

BANK STANDING ORDER MANDATE

When completed, Please return this form to:

The Smiles Foundation, P.O. Box HK 70, Leeds LS11 6YR

Charity No. 1087961

DO NOT SEND TO YOUR BANK

I wish to make a Monthly / Annual donation of £ _____ and pay by Standing Order.

Please Complete YOUR Bank details:

Name of your Bank: _____ Sort Code: ____ - ____ - ____

Address of your Bank: _____

_____ Postcode: _____

Please credit the Smiles Foundation: Account Number: 02076954 Sort Code: 30-00-05

Lloyds TSB Bank, Leeds Branch, 6 Park Row, Leeds LS1 1NX

The sum of £ _____ Words: _____

Each month / year starting on ____ / ____ / ____ or immediately on receipt of this order
whichever is the later date and thereafter on corresponding dates until cancelled by me.

Debiting my account number _____ In the name of _____

Signature: _____ Date: _____

Address: _____

_____ Postcode: _____

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I am a UK Tax Payer and I want The Smiles Foundation to treat all donations I have made for the six years prior to this year and all donations I make from the date of this declaration until I notify you otherwise, as Gift Aid donations.

Note: You must pay an amount of Income Tax and/or Capital Gains Tax at least equal to the tax that the charity reclaims on your donations in the appropriate tax year. (currently 28p for each £1 you give).

Please complete your details here, using blue or black as the information is part of your declaration.

Details of Donor: _____ Title (Mr / Mrs / Miss / Rev. / Dr.) _____

Surname: _____ Christian Name: _____

Address: _____

_____ Postcode: _____

Signature: _____ Date: _____