BANK STANDING ORDER MANDATE

When completed, please return this form to:
The Smiles Foundation, P O Box HK70, Leeds LS11 6YR

DO NOT SEND TO YOUR BANK

I wish to make a Monthly/Annual donation of £ _____

Please complete **YOUR** bank details:

Name of your Bank: _____

Address of your Bank: _____

_____Postcode: _____

Please credit **The Smiles Foundation:**
Account Number: 02076954 Sort Code: 30 00 05
Lloyds TSB Bank, 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 until cancelled by me.

Debiting account number _____

Sort code: __-__-__ Name of: _____

Signature: _____ Date: _____

giftaid it

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. I understand I must pay an amount of Income Tax or Capital Gains Tax as least equal to the tax that the charity reclaims on my donations, in the appropriate tax year.

Please complete your details here using blue or black ink:

Surname: _____ First Name: _____

Address: _____

_____ Postcode: _____

Signature: _____ Date: _____

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Surname: _____ First Name: _____

Address: _____

_____ Postcode: _____

Signature: _____ Date: _____

Support Details

[ ] I would like to support with a regular monthly gift. *Please complete the Standing Order form overleaf.*

[ ] I would like to make a one time gift

ALLOCATION OF SUPPORT

[ ] Mission 2012 (£10) £ _____

[ ] Smiles 400 Faith Club £ _____
[ ] Smiles 200 Hope Club £ _____
[ ] Smiles 100 Love Club £ _____
[ ] Smiles Hi Five / WMN £ _____

[ ] I enclose a cheque payable to The Smiles Foundation

[ ] I would like you to charge by card (debit or credit)

Card No. __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

Valid from: __ /__ Expiry date: __/__ CSV code:____

Signature: _____ Date: _____

Name: _____

Address: _____

_____Postcode: _____

Tel no. _____

E.mail: _____

Please send me further information on

[ ] Mission Trips to Romania

[ ] Smiles Events and News

The Smiles Foundation, P O Box HK70, Leeds LS11 6YR
Tel & Fax: 0113 276 5060 Charity number: 1087961

Support Details

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[ ] I would like to make a one time gift

ALLOCATION OF SUPPORT

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[ ] Smiles 400 Faith Club £ _____
[ ] Smiles 200 Hope Club £ _____
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Name: _____

Address: _____

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E.mail: _____

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