

**Name: ………………………………………………………………………………………………………………………………..**

**Address: …………………………………………………………………………………………………………………………….**

**Email: …………………………………………………………………………………………………………………………………**

**Telephone: …………………………………………………………………………………………………………………………**

**By giving my details I consent to being contacted by Save a Child**



I would like to sponsor a child/children

Number of Children: Male Female No preference

I would like to sponsor a child

In annual sums of: £ (minimum sponsorship level £216 per child)

By quarterly standing order of: £ (minimum sponsorship level £54 per child)

OR

I would like to make in a general donation of: £



I wish to pay by Standing Order (Please complete and send the separate form to your bank)

 I will pay by direct transfer to Save a Child's account at Bank of Scotland (sort code 12-11-03, account no 00908629)

I enclose a cheque for: £ made payable to “Save a Child”

Help us gain extra funding – Please complete and send the separate Gift Aid form below.

**Save a Child is a Registered Charity Number 328218**

**Registered address: 27 Canning Cross, London SE5 8BH**

[**www.saveachildindia.com**](http://www.saveachildsponsoring.org)



**Standing Order Mandate**

Standing Order Mandate To: The Manager

Bank Name:

Branch Address:

Postcode:

Please pay: Bank of Scotland, West End Office

Account No: 00908629 Sort Code: 12-11-03

Payee: Save a Child

Amount: £

Amount in words:

Reference: (your surname preferred)

Commencing: 1st (month) 20 (year)

and thereafter: Quarterly / Annually (delete as applicable)

on that date until further notice in writing and debit my account accordingly

Account Name:

Account No:

Sort Code:

Please cancel all previous standing order mandates made by me in favour of Save a Child.

Signature:

Name:

Address:

Postcode:

Please return this completed form to your bank or use it for the purpose of giving your on-line /telephone instructions to your bank.



**Gift Aid Declaration**

Name of charity: **Save a Child (Registered charity no 328218)**

Details of donor:

**Title: ………….. Forename: ……………………………………………………….**

**Surname: ……………………………………………………………………………..**

**Home Address: ……………………………………………………………………...**

**………………………………………………………… Postcode: ………………**

I want Save a Child to treat all donations I have made for this tax year and the four years prior to the year of this declaration and all donations I make from the date of this declaration until I notify you otherwise, as Gift Aid donations.

**You must pay an amount of Income Tax and/or Capital Gains tax at least equal to**

**the tax that the charity claims on your donations in the appropriate tax year.**

**Signature: ……………………………………………………………………………..**

**Date: ……………………………………………………………………………………**

**Notes:**

1. You can cancel this Declaration at any time by notifying Save a Child.

2. If in the future your circumstances change and you no longer pay tax on your income and capital gains equal to the tax that Save a Child reclaims, you can cancel your declaration.

3. If you pay tax at the higher rate you can claim further tax relief in your Self-Assessment tax return.

4. If you are unsure whether your donations qualify for Gift Aid tax relief, ask Save a Child.

5. Please notify Save a Child if you change your name or address.

Please return this completed form to:

***Bill Baker, Save a Child, 27 Canning Cross, London SE5 8BH***



Please supply any other helpful information, whether it be concerning children to be sponsored, whether the sponsorship is to be a gift or in someone’s name, or how you first heard of Save a Child.

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