

## SAMARA'S AID APPEAL GIVING FORM - ALL FUNDS (14.3.22)

- For us to claim an extra 25%, we require your full address and your signed, dated gift aid declaration below, if applicable.
- To minimise costs, we will communicate via email. Please include your email address for this purpose.
- Please circle this word "yes" if you require a receipt for this donation YES

YOUR DETAILS: Title Name		
Email	Address	
		Post code
<b>GIFT AID DECLARATION:</b> Gift Aid is reclaimed b aid on this donation and any past or future do		-
Signature:	Date:	
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 al my donations in that tax year it is my responsibility to pay any difference.		
MONTHLY STANDING ORDER: I, (full name) _ you pay Reliance Bank Ltd (60-01-73), Faith H you would like to give to, crossing out the acco	ouse, 23-24 Lovat Lane, London, EC3R 8	
Account name: Samara's Aid Appeal – General & Transport Sort code: 60-01-73 Account number: 00218248	Account name: Samara's Aid Appeal - Medical Sort code: 60-01-73 Account number: 00218194	Account name: Samara's Aid Appeal - Orphans & Widows Sort code: 60-01-73 Account number: 00218200
the sum of £ per month starting or Name and address of your bank		
Sort code: Account number		
Signature: Date: Date: Please complete and sign gift aid declaration above		
<b>BANK TRANSFER:</b> Please use the appropriate above, (both for one off donations as w <u>accounts@samarasaidappeal.org</u> after you ha can identify your donation. <b>Please attach a co</b>	vell as monthly standing orders), for ve made your transfer, stating the amou	the fund you are giving to, and emai unt, date and fund you are giving to, to so we
CHEQUES: Payable to "Samara's Aid Appeal" f	or the sum of £ Please a	lso complete the gift aid declaration above.
MESSAGE		

PLEASE RETURN FORM TO: SAMARA'S AID APPEAL, PO BOX 5490, BRIGHTON, BN50 8PE OR BY EMAIL TO ADDRESS ABOVE