

**I/we would like to become godparents:**

Individual / Group of Friends / Other (*please delete*)

If you are a group who would like to be a godparent please give a contact name

Mr/Mrs/Ms/Miss/Other \_\_\_\_\_ First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Group Name: (if applicable) \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Daytime Tel Number: \_\_\_\_\_

Email address: \_\_\_\_\_

**I/we would like to donate:**

£30.50 per month

£366 annually

Other

**By credit or debit card:**

£: \_\_\_\_\_ Amount in words: \_\_\_\_\_

Visa/American Express/Connect/MasterCard/Delta/Maestro/Switch (*please delete*)

Card No: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Start Date: \_\_\_\_\_

Switch Card Issue No: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Or instruct your Bank or Building Society to pay by Standing Order.**

**Please return this form to Outreach Peru.**

To: The Manager of \_\_\_\_\_

*(name of the Bank/Building Society)*

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Name of Account holder: \_\_\_\_\_

Account Number: \_\_\_\_\_ Branch Sort Code: \_\_\_\_\_

Please pay **Worth Abbey Outreach Peru** at: HSBC, 9 The Boulevard, Crawley, West Sussex, RH10 1UT Sort Code 40-18-22, Account No 22126524

Quoting the reference: \_\_\_\_\_ (*to be filled in by Outreach Peru*) the sum of:

£30.50 (thirty pounds 50 pence) monthly **or** £366 (three hundred and sixty six pounds)

annually **or** the following amount £ \_\_\_\_\_ ( \_\_\_\_\_ )

*(amount in figures and words)* monthly / annually (*please delete as appropriate*)

and the same sum on the same day in each month/year, starting on (*day*).....

(*month*)..... (*year*)..... until notified by me in writing.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Gift Aid Declaration**

I want to Gift Aid my donation and any donations I make in the future or have made in the past 4 years to Worth Abbey Outreach Peru.

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.

Signature \_\_\_\_\_ Date \_\_\_\_\_