



## Health Help International

Registered Charity no. 1078353

## **Gift Aid Declaration**

- 1. If you would like HHI to reclaim tax that has been paid by you from HM Revenue & Customs to increase your donation(s), please complete the Gift Aid Declaration on the first page following.
- 2. If you would like to make regular donations from your bank account, please complete the banker's order on the second page following.

Please post completed form(s) to: Health Help International, Stow Park Church Centre, Brynhyfryd Road, Newport, South Wales NP20 4FX



## Gift Aid Declaration

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Registered Charity no. 1078353

Please treat all donations made by me to Health Help International as Gift Aid Donations

| Full Name:        |                          |                               |
|-------------------|--------------------------|-------------------------------|
| Address:          |                          |                               |
|                   |                          |                               |
| Post code:        | Tel No.                  |                               |
| I enclose a singl | e donation of £          |                               |
| OR                |                          |                               |
| I pledge the sun  | n of £ec                 | ach month*/quarter*/year*     |
| beginning on the  | first day of             | (enter date)                  |
| for *             | years / *until further n | otice * delete as appropriate |

**Declaration**: I am UK taxpayer and have paid an amount of tax at least equal to the tax refund being claimed by the charity from my donations. I will inform the charity if I do not pay an amount of tax that equals the tax deducted from this or any future donations.

| Signed: | Date: |
|---------|-------|
|---------|-------|

Office use only

## Banker's Order

| Please debit my account, number   and pay the sum of £   and pay the sum of £   each month*/quarter*/y   beginning on the first day of   for * years / *until further notice   * delete as app   to: The Manager, Lloyds TSB   42 Commercial Street   Newport   South Wales   NP20 1WX   Account in the name of "Health Help International"   Account no. 00012615 | Signed:                               | Date:              |             | ate:                           |
|--|---------------------------------------|--------------------|-------------|--------------------------------|
| Sort Code: /   Please debit my account, number   and pay the sum of £ each month*/quarter*/y   beginning on the first day of (enter date)   for * years / *until further notice * delete as app   to: The Manager, Lloyds TSB   42 Commercial Street Newport   South Wales NP20 1WX  |                                       |                    |             |                                |
| Sort Code: /   Please debit my account, number   and pay the sum of £ each month*/quarter*/y   beginning on the first day of (enter date)   for * years / *until further notice * delete as app   to: The Manager, Lloyds TSB   42 Commercial Street Newport   South Wales   | Account in the                        | · · · · · · · ·    | Help Interr | national"                      |
| Sort Code: /   Please debit my account, number   and pay the sum of £ each month*/quarter*/y   beginning on the first day of (enter date)   for * years / *until further notice * delete as app   to: The Manager, Lloyds TSB   42 Commercial Street Newport   |                                       |                    | ;           |                                |
| Sort Code: /   Please debit my account, number   and pay the sum of £ each month*/quarter*/y   beginning on the first day of (enter date)   for * years / *until further notice * delete as app   to: The Manager, Lloyds TSB   42 Commercial Street   |                                       |                    |             |                                |
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| Sort Code: / / /<br>Please debit my account, number<br>and pay the sum of £ each month*/quarter*/y   |                                       |                    |             |                                |
| Sort Code: / / /<br>Please debit my account, number  | beginning on the first c              | day of             |             | (enter date)                   |
| Sort Code: / /   | and pay the sum of £                  | ec                 | ach month*/ | /quarter*/year*                |
|  | Please debit my accoun                | t, number          |             |                                |
|  |                                       |                    |             |                                |
| Post code:   | Sort Code: /                          | · /                |             |                                |
|  |                                       |                    | Post code   | e:                             |
|  |                                       |                    |             |                                |
|  |                                       |                    |             |                                |
| Address:   | Address:                              |                    |             |                                |

this reference: