

Donation form



Please complete the form below and return to:

**Hope for Tomorrow, 101 The Waterfront, Stonehouse Business Park,
Sperry Way, Stonehouse, Gloucestershire, GL10 3UT**

Your details

Title..... Name.....

Address.....

..... Postcode.....

Phone..... Email.....

How did you hear about Hope for Tomorrow?

We would like to keep you informed about the work of Hope for Tomorrow.

Please tick the relevant box below if you would like to opt-in to receive news and updates from Hope for Tomorrow

☐ via email ☐ by post

Data Protection: Your data will be handled in accordance with the Data Protection Act 1998 and will be used by us to process your donation. Your privacy is important to us and we will not share your details with any third party. Hope for Tomorrow is a registered charity in England and Wales no 1094677.

Gift Aid declaration

For past, present and future donations, boost your donation by 25p of Gift Aid for every £1 you donate.

Gift Aid is reclaimed by the charity from the tax you pay for the current year.

Your address is needed to identify you as a current UK taxpayer.

In order to Gift Aid your donation you must tick the box below

☐ I want to Gift Aid my donation of £..... and any donations I make in the future or have made in the past 4 years to Hope for Tomorrow. 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 year it is my responsibility to pay any difference.

Please notify Hope for Tomorrow if you:

- want to cancel this declaration
- change your name or home address
- no longer pay sufficient tax on your income and/or capital gains

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all of your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.

Your gift

I would like to make a gift of : £.....

I enclose a personal cheque made payable to 'Hope for Tomorrow' OR I would like to pay by credit/debit card

Name on card.....

I wish to pay by (please tick) MasterCard/Maestro/Visa/Other

Card no.

Start date...../...../..... Expiry date...../...../.....

Signature.....

thank you

**If you are donating by card,
please ensure your address
details are complete.**

**We will be unable to
process your donation
otherwise.**