GIVING HOPE

I would like to make a donation to WeSeeHope.

MAKING A SINGLE GIFT



Title: Mr / Mrs / Miss / Other (please state)	HOPE
Full Name:	
Address:	
Postcode:	
Daytime tel no: Email:	
I would like to receive email news from WeSeeHope	
I would like to make a donation to WeSeeHope of £:	
I would like to pay by: cheque (please make cheques payable to WeSeeHope) card (see below)	
I would like to pay by Visa/Mastercard/CAF/Maestro as follows:	
Card number Start date	9 /
Expiry date / Issue number (if relevant) Security code	(Last 3 digits on reverse of card)
Card holder's name: Signature:	
GIFT AID DECLARATION	
Boost your donation by 25p of Gift Aid for every £1 you donate.	
I am a UK taxpayer and understand that if I pay less Income Tax and/or Capit the current tax year than the amount of Gift Aid claimed on all of my donation year, it is my responsibility to pay any difference.	
Please treat all my donations to WeSeeHope (past four years, present and futu donations until I notify you otherwise.	ure) as Gift Aid

THANK YOU FOR YOUR SUPPORT.

longer pay sufficient tax on your Income Tax and/or Capital Gains Tax.

Signature:

UNIT 303, EDINBURGH HOUSE, 170 KENNINGTON LANE, LONDON, SE11 5DP
T: +44 (0) 208 288 1196 E: HELLO@WESEEHOPE.ORG.UK W: WESEEHOPE.ORG.UK @WESEEHOPE



Please notify WeSeeHope if you want to cancel your Gift Aid declaration, you change your name or home address, or you no

Date:

GIVING HOPE



GIFT AID DECLARATION

Boost your donation by 250 of Gift Aid for every

MAKING A REGULAR GIFT

I would like to make a monthly donation by	£1 you donate.	
Direct Debit of £	I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax in the current tax year than the amount of Gift Aid claimed on all of my donations in that tax year,	
starting on 15th		
Title: Mr / Mrs / Miss / Other (please state)		
Full Name:	it is my responsibility to pay any difference.	
Address:	Please treat all my donations to WeSeeHope	
Postcode:	(past four years, present and future) as Gift Aid donations until I notify you otherwise.	
Daytime tel no:		
Email:	Signature:	
I would like to receive email news from WeSeeHope	Date:	
WESEEHOPE, UNIT 303, EDINBURGH HOUSE, 170 KENNINGTON L T: +44 (0) 208 288 1196 E: HELLO@WESEEHOPE.ORG.UK W: WESEE WESEEHOPE IS A COMPANY LIMITED BY GUARANTEE, REGISTERED IN ENGLAND AND V INSTRUCTION TO YOUR BANK OR BUIL Please fill in the form and send to Wes HOPE	EHOPE.ORG.UK	
Name and full postal address of your Bank or Building Society	Service user number	
To: The Manager	8 7 1 4 1 4 Debit	
Address:	Reference number (Office use)	
Postcode:	Instruction to your Bank or Building Society Please pay WeSeeHope Direct Debits from the account	
Name(s) of Account Holder(s)	detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee.	
	I understand that this instruction may remain with WeSeeHope and, if so, details will be passed electronically to my Bank/Building Society.	
	Signature (s)	
Bank/Building Society account number		

This guarantee should be detached and retained by the payer



Branch sort code

• This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.

• If there are any changes to the amount, date or frequency of your Direct Debit WeSeeHope will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request WeSeeHope to collect a payment, confirmation of the amount and date will be given to you at the time of the request.

Date

some types of account.

Banks and Building Societies may not accept Direct Debit Instructions for

• If an error is made in the payment of your Direct Debit, by WeSeeHope or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society.

-If you receive a refund you are not entitled to, you must pay it back when WeSeeHope asks you to.

• You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.