

**The Smiles Foundation**  
**P.O. Box HK 70, Leeds, LS11 6YR**  
**Tel.& Fax: 0113-276-5060**

*The Smiles*  
**FOUNDATION**



## SUPPORT DETAILS

**Thank you for sharing the work of The Smiles Foundation with me.**

- I would like to support the projects detailed below
- I would like information on joining a future mission trip
- I would like to be added to the e-mail list for regular updates. Please print your address very clearly below

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

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

Tel No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

- I enclose a Cheque/Postal Order for £ \_\_\_\_\_ payable to Smiles.
- I want to support with a regular monthly gift. (Please complete the Bankers Form overleaf)
- I would like to Charge my Visa / Mastercard (please circle which)

Card Number:

Valid From: \_\_\_ / \_\_\_ Expires End: \_\_\_ / \_\_\_

Cardholder Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Or you can make a secure online gift at [www.thesmilesfoundation.org](http://www.thesmilesfoundation.org)

**ALLOCATION OF SUPPORT:**

- Where Most Needed (Monthly or Individual single Gift) £ \_\_\_\_\_
- Tileagd Community School Sponsorship (£35 monthly or individual gift) £ \_\_\_\_\_
- Tileagd Children's Centre Sponsorship (£35 monthly or individual gift) £ \_\_\_\_\_
- Cihei Children's Centre Sponsorship (£30 monthly or individual gift) £ \_\_\_\_\_
- Gepiu Children's Centre Sponsorship (£30 monthly or individual gift) £ \_\_\_\_\_
- Family Care Sponsorship (£20 monthly or individual gift) £ \_\_\_\_\_
- Medical - Dr's Ema & Claudia (£10 or £20 monthly or individual gift) £ \_\_\_\_\_
- Emergency Housing Unit (Monthly or Individual single Gift) £ \_\_\_\_\_
- Bratca (Monthly or Individual single Gift) £ \_\_\_\_\_
- House Renovation (Monthly or Individual single Gift) £ \_\_\_\_\_
- Sack of Smiles (Monthly or Individual single Gift) £ \_\_\_\_\_
- Other (please detail) \_\_\_\_\_ £ \_\_\_\_\_

**TOTAL GIFT** £ \_\_\_\_\_



If you are a UK tax payer, Please complete the Gift Aid Declaration overleaf. Thank You

# BANK STANDING ORDER MANDATE

When completed, Please return this form to:

The Smiles Foundation, P.O. Box HK 70, Leeds LS11 6YR

Charity No. 1087961

## DO NOT SEND TO YOUR BANK

I wish to make a Monthly / Annual donation of £ \_\_\_\_\_ and pay by Standing Order.

Please Complete YOUR Bank details:

Name of your Bank: \_\_\_\_\_ Sort Code: \_\_ - \_\_ - \_\_

Address of your Bank: \_\_\_\_\_

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

Please credit the Smiles Foundation: Account Number: 02076954 Sort Code: 30-00-05

Lloyds TSB Bank, Leeds Branch, 6 Park Row, Leeds LS1 1NX

The sum of £ \_\_\_\_\_ Words: \_\_\_\_\_

Each month / year starting on \_\_\_/\_\_\_/\_\_\_ or immediately on receipt of this order whichever is the later date and thereafter on corresponding dates until cancelled by me.

Debiting my account number \_\_\_\_\_ In the name of \_\_\_\_\_

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

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

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

## GIFT AID DECLARATION

I am a UK tax payer and want The Smiles Foundation (Charity No. 1087961) to treat all donations I have made since April 6th 2001 and all donations I make from the date of this declaration until I notify you otherwise as Gift Aid Donations.

Please complete your details here, using blue or black as the information is part of your declaration.

Details of Donor: \_\_\_\_\_ Title (Mr / Mrs / Miss / Rev. / Dr.)

Surname: \_\_\_\_\_ Christian Name: \_\_\_\_\_

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

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

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