

MAKE A GIFT

Please help us enable young people to make drug-free choices

Payment by cheque (made payable to Hope UK)

I enclose a cheque for £ _____

Your details

Name _____

Address _____

_____ Post Code _____

Optional

By giving us the following details, you will help us keep you better informed.

Group affiliation (church, school, youth group):

Year of birth:

How did you first hear about Hope UK?:

Payment by Credit Card

I would like to make the following donation to support Hope UK's work

Credit Card Type: Visa MasterCard CAF card Expiry Date: _____

Card Number: Security No:

Please charge my card with the above amount.

Signature: _____ Date _____

Name: _____

Address: _____

_____ Post Code: _____

NOW YOU CAN MAKE YOUR GIFT GO FURTHER – GIFT AID IT!

I want Hope UK to treat all donations I have made for this tax year and the six years prior to the year of this declaration (but no earlier than 6th April 2000) and all donations I make from the date of this declaration until I notify Hope UK otherwise as Gift Aid donations.

You must pay an amount of Income Tax and/or Capital Gains Tax at least equal to the tax that Hope UK reclaims on your donations in the appropriate tax year.

Please check that your personal details above are complete.

Signature _____ Date ____/____/____

I **cannot** donate under Gift Aid.

Thank you! Please return to Sarah Brighton, Hope UK, FREEPOST SW1439, London SE1 0YT

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