## Your details

Title	Full n	ame								
Address										
					Posto	ode				
Tel.No										
Email										

## **Keeping in touch**

We'd like to keep you informed of New Hope's work and fundraising activities through postal or digital mailings including our biannual newsletter and selected mailings which may include appeals. We will never share your data and you can unsubscribe at any time. I would like to be kept up-to-date by: Email 9/1 Post 9/1

If you would like to change how we contact you, please get in touch. You can email **supporter.relations@newhope.org.uk**, phone **01923 227 132** or write to us at **67 Queens Road**, **Watford**, **WD17 2QN**.

Month	y gift	PAYABLE TO: NEW HOPE • A/C NO. 10031569 • SORT CODE 16-33-45 THE ROYAL BANK OF SCOTLAND								
£5	per month tick to select	£10 per month ick to select £20 per month ick to select								
£50	per month tick to select	Or another <b>£</b> amount:								
monthly	quarterly	y yearly Start date D D / M M / Y								
MONTHLY GIFTS ARE NOT RESTRICTED TO SPECIFIC SERVICES										
Bank Name	•	Branch								
Account holder's name										
Account no.		Sort code								
Date D	D / M M /	Y Y Signature								
THIS AGREEMENT IS ONGOING UNTIL YOU NOTIFY YOUR BANK OTHERWISE										

## **Gift Aid**

## Please tick and complete the declaration below to boost your donation by 25p of Gift Aid for every £1 you donate.

I want to Gift Aid my donation and any donation I make in the future to New Hope. 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 my donations it is my responsibility to pay any difference.

Name									
Signature	Date			/			/		
PLEASE NOTIFY NEW HOPE IF YOU WANT TO CANCEL THIS DECLARATION, CHA SUFFICIENT TAX ON YOUR INCOME AND/OR CAPITAL GAINS.	NGE YOUR N	AME O	RHON	/IE AI	DDRES	S, OR	NOI	ONGE	R PAY