

**TRIP CONTRIBUTION FORM**

PLEASE COMPLETE THE FORM CAREFULLY IN BLOCK CAPITALS

Start Date of Trip \_\_\_\_\_ Return Date of Trip \_\_\_\_\_

Title \_\_\_\_\_ Forename(s) \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Email \_\_\_\_\_

**CONTRIBUTION DETAILS**

I wish to make the initial minimum donation of £50  OR I wish to make the full trip contribution of £ \_\_\_\_\_

By Cheque – please make cheques payable to “Smile International” and write your name, address, trip country and trip dates on the reverse of the cheque.

By Debit card Type: \_\_\_\_\_

By Credit card Type: \_\_\_\_\_

Account number 

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In order to process your credit card payment, we require your 3-digit security number. For security reasons, please do not write your 3-digit security number on this form. Please provide a daytime contact telephone number:

Tel \_\_\_\_\_

Start date 

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 Expiry date 

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 Issue number (some debit cards) 

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Name on card \_\_\_\_\_

Address to which card is registered (if different from address given above):

\_\_\_\_\_

\_\_\_\_\_

Cardholder's signature \_\_\_\_\_ Date \_\_\_\_\_

***We set out indicative voluntary contributions (although many of our trip members may exceed this amount) which we would like each participant, as supporters of Smile International's work, to reach. If you are a tax payer, please complete our Gift Aid form below.***

**GIFT AID DECLARATION**

*giftaid it*

I am a UK tax payer and I would like Smile International to treat all donations I have made as well as any future donations as Gift Aid until I notify them otherwise. I understand that I must pay Income Tax or Capital Gains Tax equal to the tax that will be claimed by Smile International in that period.

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