Operation Smile United Kingdom — Donation Form

Note: Operation Smile United Kingdom employs the administrative services of the Charities Aid Foundation (CAF), in conjunction with CAF Bank, to process its donations and manage its donor database.

Title:_____Forename(s):_____Surname:_____

Address_____

_____Post Code_____

Please complete payment method A or B

(A) I WISH TO MAKE A SINGLE DONATION

BY CHEQUE and enclose a cheque for the sum of **£**_____

or

BY CREDIT CARD
I authorise you to debit my account with the amount **£**_____

Card type: MASTERCARD / VISA / DELTA / SWITCH

Cardholders Name:_____

Card Number

Start Date_____Expiry Date_____Switch Card Issue No._____

Signature:_____

(B) I WISH TO MAKE A REGULAR DONATION OF £_____

Commencing: …… 200…… on a (circle one) Weekly / Monthly / Yearly basis.

Please complete mandate opposite

Please complete this section if you are a UK taxpayer

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GIFT AID DECLARATION

I am a U.K. tax payer and I wish all donations I make from the date of this declaration until I notify you otherwise to be tax effective under the gift aid scheme.
Higher rate tax payers can claim further tax relief in their self assessment tax return

Signature……

Print Name…….. Date …… …….

Please remember to notify us if your circumstances change i.e. you no longer pay Income Tax or Capital Gains Tax equal to the tax the charity reclaims (currently 28p for every £1 you give).

Instruction to your Bank or Building Society to pay by Direct debit.

Please send this completed Instruction to:

Operation Smile United Kingdom
4th Floor, Horatio House
77 Fulham Palace Road, London W6 8JZ

Name(s) and address of account holder(s)

Mr/Mrs/Miss/Ms

Address

Postcode

Bank/Building Society account number

☐☐☐☐☐☐☐☐

Branch Sort Code

☐☐-☐☐-☐☐

Name and full postal address of your Bank/Building Society

To: The Manager

Address

Postcode

Originator's Identification Number

9	5	8	6	4	4

CAF Ref No.: 7288-05

CAF, KINGS HILL
WEST MALLING
KENT ME19 4TA

FOR CAF OFFICIAL USE ONLY - This is not part of the Instruction to your Bank/Building Society

Date of first payment on or after:

☐☐ ☐☐ 2 0 0☐

Instruction to your Bank or Building Society
Please pay CAF/Operation Smile U.K. Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with CAF/ Operation Smile U.K. and if so, details will be passed electronically to my Bank/Building Society.

Signature

Date ☐☐-☐☐-☐☐☐☐

Banks and Building Societies may not accept Direct Debit Instructions for some types of account

This guarantee should be detached and retained by the Payer

The Direct Debit Guarantee

- This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change, **CAF/Operation Smile U.K.** will notify you at least ten working days in advance of your account being debited or as otherwise agreed.
- If an error is made by **CAF/Operation Smile U.K.** or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to CAF, Administration Services, Kings Hill, West Malling, Kent ME19 4TA.

Operation Smile United Kingdom (Charity Reg No: 1091316) - www.operationsmile.org.uk