

Giving Form

UNiViDA.org



82a High Street, Retford, Notts, DN22 7TY Tel: 01777 710614 Email: jon.harris@univida.org

UNiViDA is a Registered Charity No. 1136743 and Registered Company No. 06958514

Contact Information

(if you have any questions or need help with this form, please call us.)

Title and full Name (Mr, Mrs, Ms, other): _____

Address: _____

Post Code: _____ Tel: _____ Mobile: _____

Email: _____

**Your organisation, company,
church or school can also give
using this form**

Ways to Give Visit our website for more information about what your gift can do

Support a Child
£ 20 per month

Support a Young Adult
£47 per month

Support a Teacher
£170 per month

Support for Vision & Development
Grants, legacy gifts and special projects



Please select your preference:

- I want to set up a monthly standing order of £ _____
- I enclose a cheque payable to UNiViDA for £ _____
- I want to make an annual pledge to UNiViDA for £ _____

Donate online
www.UNiViDA.org



Hearing from us: We would like to keep you informed about how your donation is **BRINGING LIFE HOPE AND OPPORTUNITY TO CHILDREN**. If you would prefer not to hear from us please tick this box.

Gift Aid Declaration

Date: ____/____/____ (tick box) I want UNiViDA to treat all donations that I make from the date of this declaration until I notify you otherwise as Gift Aid donations.

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You must pay an amount of Income Tax and/or Capital Gains Tax at least equal to the tax that the charity reclaims on your donations in the appropriate tax year. (currently 25p for each £1 you give).

- If in the future your circumstances change and you no longer pay tax on your income and capital gains equal to the tax that UNiViDA reclaims, you can cancel your declaration.*
- Please notify UNiViDA if you change your name or address.*

PLEASE RETURN THIS SECTION TO UNiViDA 82a HIGH STREET, RETFORD, NOTTS, DN22 7TY

SEND THIS SECTION TO YOUR BANK - MONTHLY STANDING ORDER MANDATE

To: The Manager of _____ (insert the name of your bank)

Address of your Bank _____ Postcode: _____

Please pay: UNiViDA, HSBC Bank, 31 Carolgate, Retford, Notts DN22 6DA Sort Code 40-38-11 Account No. 41435434

The sum of £ _____ (amount in figures) , £ _____ (amount in words).

Commencing on: Date: ____/____/____ and continuing (monthly) until further notice.

Your Details Name (on your account to be debited): _____

Your Account Number: _____ Your Sort Code: _____

Your Address: _____ Postcode _____

Your Signature: _____ Date: ____/____/____