



CHILD SPONSORSHIP FORM

Let Us Shine Africa, a Scottish Charitable Trust dedicated to providing opportunities in education, training and access to employment for some of the poorest children in Africa.

Your Details:

1st Sponsor

Title (Mr/Mrs/Ms Other):

Surname:

First name(s):

2nd Joint (optional) Sponsor

Title (Mr/Mrs/Ms Other):

Surname:

First name(s):

Sponsor (s) Address:

Postcode:

Telephone:

Email:

I/we:

- Agree to sponsor a Let Us Shine Child in Africa
- Will pay a minimum of £20.00 each month by bank standing order to support the child's long term welfare and education
- Understand that all correspondence and contact between the child and the sponsor will be through Let Us Shine
- Understand that I will be informed if the child ceases to participate in the Let Us Shine programme

Signed 1st Sponsor:

Signed Joint Sponsor:

Dated:

Let Us Shine will hold this information for child sponsorship purposes only and will not disclose it to any third party.



STANDING ORDER AGREEMENT

Instruction to your Bank/Building Society To Pay Standing Orders
Please complete sections 1-5, sign below and return to the address below.
We take a copy and send the original to your bank to process.

1. Please write the full postal address of your Bank/Building Society

To The Manager

Bank/Building Society Address.....

.....

Postcode.....

(No Acknowledgement Required From Holding Branch)

2. Name Of Account Holder.....

3. Bank/Building Society Account Number:.....

Sort Code:.....

4. Amount To Be Debited Each Month (in figures): £
(In Writing):

Starting from (MM/DD/YYYY)

Reference (INITIAL/SURNAME) Name):.....

and on the same date of each month thereafter.

Payable To LET US SHINE
Bank THE ROYAL BANK OF SCOTLAND PLC
Branch 24-25 PRINCES SQUARE
EAST KILBRIDE
G74 1LJ

Account No.: 00233544

Sort Code: 83-28-13

5. Your instruction to the Bank/Building Society and your signature(s)

Your standard charge will be debited as stated in section 4 on the same date of each month and any extra services or time you have used will be invoiced separately. I will inform the Bank/Building Society in writing if I wish to cancel this instruction. I understand that if any Standing Order is paid which breaks the terms of this instruction, the Bank/Building Society will make a refund.

Signature(s)..... Date.....



GIFT AID DECLARATION

Let Us Shine Africa PO Box 26509 Glasgow G74 9DY
Charity Registration Number SC037489

Details of Donor

Title: Forename(s):

Surname:

Home address:

Post Code:

Telephone:

E-mail:

I want the charity to treat (please tick appropriate boxes):

- *the enclosed donation of £..... as a Gift Aid donation
- *the donation(s) of £.....which I made on as (a) Gift Aid donation(s)
- *all donations that I make from the date of this declaration until I notify you otherwise as Gift Aid donations
- *all donations I have made for the six tax years prior to the year of this declaration and all donations I make from the date of this declaration until I notify you 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 the charity reclaims on your donations in the appropriate tax year (currently 28p for each £1 you give).

Signed:

Date:

NOTES

1. You can cancel this Declaration at any time by notifying the charity.
2. If in the future your circumstances change and you no longer pay tax on your income and capital gains equal to the tax that the charity reclaims, you can cancel your declaration.
3. If you pay tax at the higher rate you can claim further tax relief in your Self Assessment tax return.
4. If you are unsure whether your donations qualify for Gift Aid tax relief, ask the charity and please notify the charity if you change your name or address.