



Ffagl Gobaith
Beacon of Hope

Donations in support of The Beacon of Hope 'Sponsor a Nurse'

Name

Address

.....

Phone number

Email address

I would like to make a **regular gift** of £.....every week / month / year,

Starting on (date)/...../.....

My bank details are:

Branch name

Address

Sort code _ _ _

Account number

Signature

Please pay The Beacon of Hope, Lloyds Bank, Aberystwyth

Sort code 30-90-04

Account no 0636165

I would like to make a **single gift** of £.....

I enclose a cheque made payable to The Beacon of Hope

Please debit my Visa/Amex/CAF/MasterCard (delete as appropriate)

Card number _ _ _ _ _

Expiry date _ _ / _ _

(Switch only): Start date _ _ / _ _ / _ _ Issue no _ _

Signature.....

Date.....

Thank you.

GIFT AID DECLARATION

If you are a taxpayer, the Beacon of Hope can reclaim the income tax that you pay on your donation. We can claim 28p for every £1 that you donate.

I want the Beacon of Hope to treat all donations I make as Gift Aid donations

Signed.....Date.....

Please return this form to your own Bank