



TRANSFORM SALONE

Transforming Lives in Sierra Leone Through Education

Reference Number / Notes:

I would like to change lives for good with the gift of:

£20 £50 £100 £250

My own choice of £ _____

I do not require an acknowledgement of this gift

I want to give regularly. I have completed the Standing Order Mandate overleaf.

As a UK Tax Payer I would like Transform Salone to reclaim tax on my donations. I have completed the Gift Aid form overleaf.

As a UK Tax Payer I have previously completed a Gift Aid Declaration.

I consent to my email and postal address to be used to receive Sponsorship Updates / Transform Salone Updates / Newsletter.
I understand that I can contact Transform Salone by email or in writing at any time to withdraw my consent.

Please return this whole form to:

TRANSFORM SALONE: c/o Flat 61 Admirals House,
Gisors Road, Southsea, Hampshire. PO4 8GY

Telephone: 02392 298268

Email: info@transformsalone.org

Website: www.transformsalone.org

Charity No. 1162900 – Registered in England and Wales

GIFT AID DECLARATION

Signing this Tax Recovery Form enables Transform Salone to reclaim the tax you pay on your donation. This will effectively increase the value of your contribution to Transform Salone by over 25% - AND WILL COST YOU NOTHING. You need only complete this form ONCE. It will cover all your subsequent donations.

Title _____ Forenames _____

Surname _____

Address _____

Postcode _____

I would like Transform Salone to treat all donations that I make as Gift Aid donations, until I notify you otherwise.

Signed _____ Date _____

Telephone _____

E mail _____

N.B. You must pay an amount of UK income tax and/or capital gains tax at least equal to the tax that Transform Salone reclaims on your donations (currently 25p for each £1 you give). If in the future your circumstances change and you no longer pay tax on your income or capital gains tax equal to the tax Transform Salone reclaims, you can cancel your declaration. If you pay tax at the higher rate you can claim further tax relief in your Self Assessment tax return.

STANDING ORDER MANDATE

PLEASE RETURN THIS FORM TO TRANSFORM SALONE
WE WILL FORWARD IT TO YOUR BANK

To The Manager (your bank) _____

Bank Address _____

Postcode _____

Please pay Transform Salone the sum of £ _____

Every: Month Quarter Year

Starting on: ____ / ____ / ____

Quoting reference no: _____

(Please leave blank for TS to complete)

Please debit my account no: _____

Sort Code _____

Account Name(s) _____

Signed _____ Date _____

Note to Bank: Please pay Transform Salone at;
Barclays Bank PLC, Leicester, LE87 2BB
Sort code: 20-57-44 Account No: 43452867

