



# Hand in Hand Trust

Helping children on to the road out of poverty

## 214 Challenge Form

Please return to Hand in Hand Trust, 11 Chapel Avenue, Hebden Bridge, West Yorks HX7 8DG

Title : \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Email Address: \_\_\_\_\_

I wish to make a monthly donation of £ \_\_\_\_\_

I am a UK taxpayer:

please reclaim Gift Aid on my donations

I am NOT a UK taxpayer

Signature: \_\_\_\_\_ Date of Declaration: \_\_\_\_\_

### Bank Mandate

To (your bank details): \_\_\_\_\_

Name of bank: \_\_\_\_\_ Sort code: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Account Title: \_\_\_\_\_ Account Number: \_\_\_\_\_

**To: Hand in Hand Trust, National Westminster Bank, 2 Crown St, Hebden Bridge HX7 8EG**

**Account No: 49449664 Sort Code: 01-03-99**

Please make the payments detailed here and debit my account monthly, on the \_\_\_\_\_ (day) of

each month, beginning \_\_\_\_\_ (date) in the sum of £ \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_