

African Child Trust (ACT)

40 Tamworth Road, Croydon, Surrey, CR0 1XU
UK Registered Charity No.1158266



Please Sponsor a Child

You can make a difference in the life of a needy fatherless child or orphan in Africa. If you give £15 each month for one year you will provide school education, school items and enough for one meal a day for the child. If you give £25 each month you can help pay University fees and cost of living for a student and with £30 a month you can help to provide training for a widow.

Tell us how many children you would like to sponsor ☐

Tick if you wish to receive information about your sponsored child ☐

I would like to support an ACT project with a regular gift ☐

Monthly ☐£15 ☐£30 ☐£45 ☐£60 ☐Other £_____ (please state)

Quarterly ☐£45 ☐£90 ☐£135 ☐£180 ☐Other £_____ (please state)

Yearly ☐£180 ☐£360 ☐£540 ☐£720 ☐Other £_____ (please state)

OR

I would like to make a one off donation of £_____ (I enclose a cheque made payable to African Child Trust)

Please complete this section

Full Name: Dr/ Mr/ Mrs/Miss _____

Address: _____

_____ Post Code: _____

Telephone Number: _____ E-mail: _____

Signature: _____ Date: ____/____/____

Gift Aid

☐ Yes, I am a UK tax payer and would like ACT to reclaim the tax on all my donations. I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all the charities that I donate to will reclaim on my gifts for that tax year.

Standing Order

Please pay A.C.T. (African Child Trust) starting from ____/____/____ and until further notice.

Branch Sort Code ☐☐☐☐☐☐ Bank/ Building Society Account Number ☐☐☐☐☐☐☐☐☐☐

Name and full address of your Bank or Building Society

Bank Name: _____ Address: _____ Postcode: _____

Payable to: HSBC plc, 42 Chipstead Valley Road, Coulsdon, Surrey, CR5 2RA.
For the credit of A.C.T. Sort Code: 40-18-44 Account Number: 91124420

Signature: _____ Date: ____/____/____

Credit Card

I would like to give £_____

Visa ☐ Mastercard ☐ Delta ☐ Maestro ☐ CAF Card ☐ Eurocard ☐ JCB ☐ Solo ☐

Card No. ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiry Date ☐☐-☐☐

Signature: _____ Date: ____/____/____

Please return this form to ACT: 40 Tamworth Road, Croydon, Surrey, CR0 1XU.

If you have any questions about this form, please don't hesitate to contact the office on 0208 688 0386.

☐ If you would like to receive our monthly prayer newsletter, please tick here.