



Christian Relief Uganda

Sponsorship Co-ordinator, 16 Winston Ave, Alsager,
Stoke on Trent, Staffs., ST7 2BE
Tel: 01270 884089

CHILD SPONSORSHIP FORM Page 1 of 2

YOUR NAME: _____ TITLE: _____

YOUR ADDRESS: _____

POST CODE: _____

TEL NUMBER: _____

EMAIL ADDRESS*:

* If provided we will send newsletters this way as it reduces production and postage costs for the charity.

I am willing to donate: £ _____ monthly/annually**
(Please insert the amount you wish to pay)

** Please delete as appropriate

Signature: _____

Date: _____

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GIFT AID DECLARATION

If you are a tax payer and wish CRU to reclaim tax. This is worth an extra 28% to CRU. Please sign below.

I _____, Address _____

_____ agree that Christian Relief Uganda can treat any donations that I have made since the 6th April 2001, until I notify otherwise, as Gift Aid donations and reclaim the tax

Signed (Your signature) _____ **Date** _____

STANDING ORDER MANDATE

TO: The Manager _____ Bank Plc

ADDRESS: _____

POST CODE: _____

Please pay Christian Relief Uganda at Barclays Bank Plc, Macclesfield Branch

Sort Code: Account Number : (To be completed by CRU)

The sum of _____ (Figures) _____ (Words)

Commencing on _____ (Date)

And continuing thereafter: Monthly/Quarterly/Annually (Delete as appropriate)

Reference Number:

Until I give you notice in writing, or until _____ (Date)

Account Holder Name: _____

Account No: _____ Sort Code: _____

Address: _____

_____ POST CODE: _____

Signature: _____ Date: _____